



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.6

Updated: 12-31-2019

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

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapsone) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapsone ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	Adapalene AKLIEF (trifarotene) ^{NR} ALTRENO (tretinoin) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene	

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

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		TAZORAC (tazarotene) tretinoin gel tretinoin micro	
		COMBINATION DRUGS/OTHERS	
	benzoyl peroxide/clindamycin (generic DUAC) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	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) DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTE (adapalene/benzoyl peroxide) erythromycin/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 cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
		KERATOLYTICS (BENZOYL PEROXIDES)	
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide)	

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	LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN	
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin
ALPHA-1 PROTEINASE INHIBITORS		
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)	
ALZHEIMER'S AGENTS SmartPA		
	CHOLINESTERASE INHIBITORS	
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)
	NMDA RECEPTOR ANTAGONIST	
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR

All Agents

- Documented diagnosis for both preferred and Non-Preferred

Non-Preferred Criteria

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

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COMBINATION AGENTS			
		NAMZARIC (memantine/donepezil)	Namzaric <ul style="list-style-type: none">• Documented diagnosis AND• 30 days of concurrent therapy with donepezil + memantine in the past 6 months
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/ APAP/caffeine ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone 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) 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 LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP)	MS DOM Opioid Initiative <ul style="list-style-type: none">• Short-Acting Opioids• Long-Acting Opioids• Morphine Equivalent Daily Dose• Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none">• 62 tablets – bultalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol• 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations

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NORCO (hydrocodone/APAP)
NUCYNTA (tapentadol)
ONSOLIS (fentanyl)
OPANA (oxymorphone)
OXAYDO (oxycodone)
pentazocine/naloxone
PERCOCET (oxycodone/APAP)
PERCODAN (oxycodone/ASA)
PRIMLEV (oxycodone/APAP)
REPREXINE (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)

- **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

ANALGESICS, NARCOTIC - LONG ACTING SmartPA

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BUTRANS (buprenorphine)
fentanyl patches
morphine ER tablets

ARYMO ER (morphine)
BELBUCA (buprenorphine)
buprenorphine patch
CONZIP ER (tramadol)
DOLOPHINE (methadone)
DURAGESIC (fentanyl)
EMBEDA (morphine/naltrexone)
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

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90

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			consecutive days on the requested agent in the past 105 days
ANALGESICS/ANESTHETICS (Topical)			
	diclofenac sodium solution VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin DICLO GEL KIT(diclofenac sodium) diclofenac sodium 1% gel FLECTOR (diclofenac epolamine) ^{SmartPA} FROTEK (ketoprofen) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} LIDTOPIC MAX (lidocaine) PENNSAID Solution (diclofenac sodium) ^{SmartPA} SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months Lidoderm <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia OR Documented diagnosis of Diabetic Neuropathy ZTlido <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia
ANDROGENIC AGENTS ^{SmartPA}			
	ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone)	All Agents <ul style="list-style-type: none"> Limited to male gender Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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TESTIM (testosterone gel)
testosterone pump
VOGELXO (testosterone)
XYOSTED (testosterone enanthate)

ANGIOTENSIN MODULATORS SmartPA

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril
trandolapril

ACCUPRIL (quinapril)
ACEON (perindopril)
ALTACE (ramipril)
EPANED (enalapril)
LOTENSIN (benazepril)
MAVIK (trandolapril)
moexipril
perindopril
PRINIVIL (lisinopril)
QBRELIS (lisinopril)
UNIVASC (moexipril)
VASOTEC (enalapril)
ZESTRIL (lisinopril)

Minimum Age Limit

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

Non-Preferred Criteria

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

ACE INHIBITOR COMBINATIONS

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)

Non-Preferred Criteria ACE Inhibitor/CCB

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

ACE Inhibitor/Diuretic

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		UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none">Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	irbesartan losartan olmesartan telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan)	Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	ARB COMBINATIONS		
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ	Entresto <ul style="list-style-type: none">Age ≥ 18 years ANDDocumented diagnosis of heart failure Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic <ul style="list-style-type: none">Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR90 consecutive days on the requested agent in the past 105 days ARB/Diuretic

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		telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none">Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	DIRECT RENIN INHIBITORS		
		TEKTURN (aliskiren)	Non-Preferred Criteria <ul style="list-style-type: none">Documented diagnosis of hypertension ANDHave tried 2 different preferred <u>ACE/ or ARB single-entity</u> products in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURN-HCT (aliskiren/hctz) VALTURN (aliskiren/valsartan)	Non-Preferred Criteria <ul style="list-style-type: none">Documented diagnosis of hypertension ANDHave tried 2 different preferred <u>ACE/ or ARB diuretic agents</u> in the past 6 months OR90 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)	

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VANCOCIN (vancomycin)
vancomycin
XIFAXAN (rifaximin)

ANTIBIOTICS (MISCELLANEOUS)

KETOLIDES

KETEK (telithromycin)

LINCOSAMIDE ANTIBIOTICS

clindamycin capsules
clindamycin solution

CLEOCIN (clindamycin)
CLEOCIN SOLUTION (clindamycin)

MACROLIDES

azithromycin
clarithromycin ER
clarithromycin IR
clarithromycin suspension
E.E.S. Suspension 200 (erythromycin
ethylsuccinate)
ERY-TAB (erythromycin)
erythromycin

BIAXIN (clarithromycin)
BIAXIN SUSPENSION (clarithromycin)
BIAXIN XL (clarithromycin)
E.E.S. (erythromycin ethylsuccinate)
E.E.S. Suspension 400 (erythromycin
ethylsuccinate)
E-MYCIN (erythromycin)
ERYC (erythromycin)
ERYPED Suspension (erythromycin
ethylsuccinate)
ERYTHROCIN (erythromycin stearate)
erythromycin estolate
PCE (erythromycin)
ZITHROMAX (azithromycin)
ZMAX (azithromycin)

NITROFURAN DERIVATIVES

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.6

Updated: 12-31-2019

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	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
OXAZOLIDINONES			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
PLEUROMUTLINS			
		XENLETA (lefamulin) ^{NR}	
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS ^{SmartPA}			
ORAL			
	COUMADIN (warfarin) ELIQUIS (apixaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS,

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	PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)		PRADAXA 110MG <ul style="list-style-type: none">70 total days of therapy per calendar yearDocumented diagnosis of hip replacement AND duration of therapy limited to 35 days <u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS <ul style="list-style-type: none">70 total days of therapy per calendar yearDocumented diagnosis of knee replacement AND duration of therapy limited to 12 days Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE XARELTO 2.5MG <ul style="list-style-type: none">Documented diagnosis of coronary artery disease ORDocumented diagnosis of peripheral artery disease ANDHistory of therapy with aspirin in the past 30 days ANDHistory of 90 days therapy with anti-platelet agent in the past year ORHistory of 30 days therapy with warfarin in the past year Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months OR
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			<ul style="list-style-type: none">• 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none">• LMWH therapy in the past 3 months AND<ul style="list-style-type: none">◦ Documented diagnosis of cancer OR◦ Female and age 8 to 51 yearsOR• NO LMWH therapy in the past 3 months AND<ul style="list-style-type: none">◦ Duration of therapy is < 17 days OR◦ Documented diagnosis of cancer OR◦ Female and age 8 to 51 years OR◦ Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days <p>LMWH Non-Preferred Criteria</p> <ul style="list-style-type: none">• 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		

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carbamazepine carbamazepine suspension carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTiom (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol) 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) ROWEEPR (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine)	Minimum Age Limit • 1 year - Banzel • 2 years – Diacomit, Epidiolex, Onfi, Sympazan Quantity Limit • 3 Twin Packs/31 days - Diastat Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Banzel/Onfi/Sympazan • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Diacomit • Documented diagnosis of Dravet syndrome AND • Active claim for clobazam Epidiolex • Documented diagnosis of Dravet
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		TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	syndrome OR <ul style="list-style-type: none">• Documented diagnosis of Lennox-Gastaut AND• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR• 1 claim for the requested agent in the past 30 days Sabril Powder for Oral Solution <ul style="list-style-type: none">• Documented diagnosis of infantile spasms OR• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Topiramate ER – Step Edit <ul style="list-style-type: none">• 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR• 30 day trial with topiramate IR in the past 6 months
	SELECTED BENZODIAZEPINES		
	clobazam diazepam rectal gel	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam)	

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		NAYZILAM (midazolam) ^{NR} SYMPAZAN (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER <small>SmartPA</small>			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VILBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) ^{NR} 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	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • Cymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>'Antidepressants, Other' Class</u> in the past 6 months OR • Have tried BOTH a preferred <u>'Antidepressant, SSRI' and 'Antidepressants, Other'</u> in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>

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PRISTIQ (desvenlafaxine)
REMERTON (mirtazapine)
tranylcypromine
venlafaxine XR
venlafaxine ER tablets
WELLBUTRIN (bupropion)
WELLBUTRIN SR (bupropion)
WELLBUTRIN XL (bupropion HCl)

ANTIDEPRESSANTS, SSRIs SmartPA

citalopram
escitalopram
fluoxetine
fluvoxamine
paroxetine CR
paroxetine IR
sertraline

CELEXA (citalopram)
fluoxetine DR
fluvoxamine ER
LEXAPRO (escitalopram)
LUVOX (fluvoxamine)
LUVOX CR (fluvoxamine)
paroxetine suspension
PAXIL CR (paroxetine)
PAXIL SUPENSION (paroxetine)
PAXIL Tablets (paroxetine)
PEXEVA (paroxetine)
PROZAC (fluoxetine)
SARAFEM (fluoxetine)
ZOLOFT (sertraline)

Minimum Age Limits

- **6 years** - Zoloft
- **7 years** – Prozac
- **8 years** - Luvox
- **12 years** - Lexapro
- **18 years** – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg

Citalopram Criteria

- <18 years and 90 consecutive days on citalopram in the past 105 days **OR**
- < 60 years **AND** max daily dose \leq 40 mg/day **OR**
- \geq 60 years **AND** max daily dose \leq 20 mg/day

Non-Preferred Criteria

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

ANTIEMETICS SmartPA

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5HT3 RECEPTOR BLOCKERS

ondansetron
ondansetron ODT
ondansetron solution

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

Quantity Limits

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

Non-Preferred Agents

- Have tried 1 preferred agent in the past 6 months

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

ANTIEMETIC COMBINATIONS

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

CANNABINOIDS

CESAMET (nabilone)
MARINOL (dronabinol)
dronabinol
SYNDROS (dronabinol)

NMDA RECEPTOR ANTAGONIST

EMEND (aprepitant)

aprepitant
VARUBI (rolapitant)

Varubi - MANUAL PA

- Documented diagnosis of cancer OR Antineoplastic history **AND**
- Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent **AND**

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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 ≥ 18 years **AND**
- Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND**
- Prescriber is an oncologist/hematologist or infectious disease specialist

Sporanox

- HIV opportunistic infection criteria **OR**

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- 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
OXISTAT (oxiconazole)
PEDIADERM AF (nystatin)
PENLAC (ciclopirox)

Non-Preferred Criteria

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

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		VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
	MINIMALLY SEDATING ANTIHISTAMINES		Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months
	cetirizine loratadine	cetirizine chewable CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	

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ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR

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

ANTIMIGRAINE AGENTS, TRIPTANS SmartPA

ORAL

rizatriptan
rizatriptan ODT
sumatriptan tablets

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

Minimum Age Limit – ALL FORMULATIONS

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

Quantity Limit - ORAL

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

Non-Preferred Criteria - ORAL

- Have tried 2 preferred preferred oral agents in the past 90 days

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		NASAL	
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ^{NR} ZOMIG (zolmitriptan)	Quantity Limit - NASAL • 1 box/31 days Non-Preferred Criteria - NASAL • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
		INJECTABLES	
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
		OTHER	
		ZECUITY PATCH (sumatriptan)	Quantity Limit • 4 patches/31 days Zecuity • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib)	Farydak - <u>MANUAL PA</u> • Documented diagnosis of multiple myeloma AND

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

COPIKTRA (duvelisib)
CABOMETYX (cabozantinib s-malate)
CALQUENCE (acalabrutinib)
DAURISMO (glasdegib)
ERLEADA (apalutamide)
FARYDAK (panobinostat)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
INREBIC (fedratinib)^{NR}
imatinib
KISQALI (ribociclib) **SmartPA**
LENVIMA (lenvatinib) **SmartPA**
LORBRENA (lorlatinib)
LYNPARZA (olaparib) **SmartPA**
MEKTOVI (binimetnib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)^{NR}
PIQRAY (alpelisib)
ROZLYTREK (entrectinib)^{NR}
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TAGRISSO (osimertinib)
TALZENNA (talazoparib)
TIBSOVO (ivosidenib)
TURALIO (pexidartinib)^{NR}
VERZENIO (abemaciclib)
VITRAKVI (larotrectinib)
VIZIMPRO (dacomitinib)
XATMEP (methotrexate)
XOSPATA (gilteritinib)
XPOVIO (selinexor)
ZEJULA (niraparib)

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

Ibrance

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

Lenvima

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

Lynparza Capsules - [MANUAL PA](#)

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Lynparza Tablets

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

ANTIPARASITICS (Topical) ^{SmartPA}

PEDICULICIDES

permethrin 1%
NATROBA (spinosad)

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

Minimum Age/Weight Limit for Pediculicides

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

Non-Preferred Criteria

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

Ulesfia

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

SCABICIDES

permethrin 5%
STROMEKTOL Tablet (ivermectin)

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

Minimum Age/Weight Limit for Topical Scabicides

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

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Non-Preferred Criteria

- History of permethrin 5% in the past 90 days

ANTIPARKINSON'S AGENTS (Oral) ^{SmartPA}

ANTICHOLINERGICS

benztropine
trihexyphenidyl

COGENTIN (benztropine)

Non-Preferred Criteria

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

COMT INHIBITORS

COMTAN (entacapone)
entacapone
TASMAR (tolcapone)
tolcapone

DOPAMINE AGONISTS

ropinirole

MIRAPEX (pramipexole)
MIRAPEX ER (pramipexole)
NEUPRO (rotigotine)
pramipexole
pramipexole ER
REQUIP (ropinirole)
REQUIP XL (ropinirole)
ropinirole ER

MAO-B INHIBITORS

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	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago: <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of selegiline product in the past 45 days
OTHERS			
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) ^{NR} OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn and Inbrija <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS SmartPA			
ORAL			
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution	Minimum Age Limits <ul style="list-style-type: none"> 2 years- Droperidol 3 years - Haldol 5 years – Risperdal, thioridazine

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<ul style="list-style-type: none"> haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone risperidone ODT SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone 	<ul style="list-style-type: none"> 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) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazapine) VRAYLAR (cariprazine) ZYPREXA (olanzapine) 	<ul style="list-style-type: none"> • 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, <p>Concurrent Therapy Limits – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a manual PA <p>Non-Preferred Criteria- Atypical Agents</p> <ul style="list-style-type: none"> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days <p>Nuplazid</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease
SmartPA		
INJECTABLE, ATYPICALS		
ARISTADA ER (aripiprazole lauroxil)	ABILIFY (aripiprazole)	

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ABILIFY MAINTENA (aripirazole)
INVEGA SUSTENNA (paliperidone palmitate)
INVEGA TRINZA (paliperidone)
PERSERIS (risperidone)
RISPERDAL CONSTA (risperidone)

GEODON (ziprasidone)
olanzapine
ZYPREXA (olanzapine)
ZYPREXA RELPREVV (olanzapine)

Minimum Age Limits

- **18 years** – all injectable agents

Quantity Limits

- **3 syringes/year** – Aristada Initio

Long Acting Injectable Agents All Agents

- Documented diagnosis of schizophrenia or schizoaffective disorder

Abilify Maintena or Risperdal Consta

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

ANTIRETROVIRALS SmartPA

SINGLE TABLET REGIMENS

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

COMPLERA (emtricitabine/rilpivirine/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**

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			<ul style="list-style-type: none">• CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
	INTEGRASE STRAND TRANSFER INHIBITORS		
	ISENRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENRESS HD (raltegravir potassium) VITEKTA (elvitegravir)	Non-Preferred Criteria <ul style="list-style-type: none">• 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) ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)	
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	Tybost - MANUAL PA

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PROTEASE INHIBITORS (PEPTIDIC)		
	atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER (ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)	

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EFFECTIVE 01/01/2020

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	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	COMPLERA (emtricitabine/rilpivirine/tenofovir)	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	
CD4 DIRECTED HIV-1 INHIBITOR			
	TROGARZO (ibalizumab)		
ANTIVIRALS (Oral)			
	ANTI-CYTOMEGALOVIRUS AGENTS		valganciclovir solution – automatic approval for age <12 years
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	
	ANTI-CYTOMEGALOVIRUS AGENTS		
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
	ANTI-INFLUENZA AGENTS		

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	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENAVER (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	pimecrolimus labeler 68682	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	Minimum Age Limit <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months Eucrisa <ul style="list-style-type: none"> • History of 28 days of therapy with a calcineurin inhibitor AND a topical steroid in the past year Dupixent- <u>MANUAL PA</u>

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BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS

SmartPA

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

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

Bystolic – Step Edit

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

Non-Preferred Criteria – All Agents

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

BETA- AND ALPHA-BLOCKERS

carvedilol
labetalol

carvedilol CR
COREG (carvedilol)
COREG CR (carvedilol)
TRANDATE (labetalol)

Coreg CR

- Documented diagnosis for hypertension **AND**
- Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

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BETA BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone
bisoprolol/HCTZ
metoprolol/HCTZ
nadolol/bendroflumethiazide
propranolol/HCTZ
timolol/HCTZ

CORZIDE (nadolol/bendroflumethiazide)
DUTOPROL (metoprolol/HCTZ)
LOPRESSOR HCT (metoprolol/HCTZ)
TENORETIC (atenolol/chlorthalidone)
ZIAC (bisoprolol/HCTZ)

ANTIANGINALS

RANEXA (ranolazine)
ranolazine

Ranexa

- Documented diagnosis of angina
AND
- 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR**
- 90 consecutive days on the requested agent in the past 105 days

SINUS NODE AGENTS

CORLANOR (ivabradine)

Corlanor - [MANUAL PA](#)

BILE SALTS

ursodiol

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

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BLADDER RELAXANT PREPARATIONS SmartPA

	oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
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BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

BISPHOSPHONATES			
	alendronate ibandronate risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	Non-Preferred Criteria • Documented diagnosis for osteoporosis or osteopenia AND • Have tried 2 different preferred agents in the past 6 months

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OTHERS			
		calcitonin salmon EVENTY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS <small>SmartPA</small>			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	Female <ul style="list-style-type: none">Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis Non-Preferred Criteria - MALE <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)	
PDE5 INHIBITORS			

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CIALIS (tadalafil)

BRONCHODILATORS & COPD AGENTS

ANTICHOLINERGICS & COPD AGENTS

ATROVENT HFA (ipratropium)
ipratropium
SPIRIVA HANDIHALER (tiotropium)

DALIRESP (roflumilast)
INCRUSE ELLIPTA (umeclidinium)
LONHALA MAGNAIR (glycopyrrolate)
SEEBRI (glycopyrrolate)
SPIRIVA RESPIMAT (tiotropium)
TUDORZA PRESSAIR (aclidinium)
YUPELRI (revefenacin)

Minimum Age Limit

6 years – Spiriva Respimat

Spiriva Respimat

- Documented diagnosis of asthma

ANTICHOLINERGIC-BETA AGONIST COMBINATIONS

albuterol/ipratropium
BEVESPI (glycopyrrolate/formoterol)
COMBIVENT RESPIMAT (albuterol/ipratropium)
UTIBRON (indacaterol/glycopyrrolate)

ANORO ELLIPTA (umeclidinium/vilanterol)
DUAKLIR PRESSAIR (aclidinium/formoterol)^{NR}
STIOLTO RESPIMAT (tiotropium/olodaterol)
TRELEGY ELLIPTA (fluticasone furoate/
umeclidinium/vilanterol)

BRONCHODILATORS, BETA AGONIST

INHALERS, SHORT-ACTING

albuterol HFA
PROAIR RESPICLICK (albuterol)

PROAIR DIGIHALER (albuterol)^{NR}
PROAIR HFA (albuterol)
PROVENTIL HFA (albuterol)
VENTOLIN HFA (albuterol)
XOPENEX HFA (levalbuterol) ^{SmartPA}

Minimum Age Limit

- 4 years - Xopenex HFA

Xopenex HFA Criteria

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

INHALERS, LONG ACTING ^{SmartPA}

SEREVENT (salmeterol)

ARCAPTA (indacaterol)

Minimum Age Limit

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		STRIVERDI RESPIMAT (olodaterol)	<ul style="list-style-type: none"> • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat <p>Arcapta & Striverdi Respimat</p> <ul style="list-style-type: none"> • Documented diagnosis of COPD AND • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
INHALATION SOLUTION <small>SmartPA</small>			
	albuterol	BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Xopenex • 18 years – Brovana, Perforomist <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a different preferred agent in the past 6 months OR • 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> • 1 claim for a preferred albuterol in the past 30 days
ORAL			
	albuterol ER albuterol IR	VOSPIRE ER (albuterol)	

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metaproterenol
terbutaline

CALCIUM CHANNEL BLOCKERS SmartPA

SHORT-ACTING

diltiazem
nicardipine
nifedipine
verapamil

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

Quantity Limit - nimodipine

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

Non-Preferred Criteria

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

nimodipine

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

LONG-ACTING

amlodipine
DILT XR 24 HR Caps (diltiazem)
diltiazem ER Cap 24 HR (generic Cardizem CD)
diltiazem ER Cap 24 HR
felodipine ER
nifedipine ER
verapamil ER

ADALAT CC (nifedipine)
CALAN SR (verapamil)
CARDENE SR (nicardipine)
CARDIZEM CD (diltiazem)
CARDIZEM LA (diltiazem)
DILACOR XR (diltiazem)
diltiazem ER Cap 12 HR
diltiazem ER Tab 24 HR
KATERZIA (amlodipine)
nisoldipine

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

CALORIC AGENTS

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

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

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

CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS

amoxicillin/clavulanate
amoxicillin/clavulanate XR

AUGMENTIN 125 and 250 Suspension
(amoxicillin/clavulanate)
AUGMENTIN (amoxicillin/clavulanate) Tablets
AUGMENTIN XR (amoxicillin/clavulanate)
MOXATAG (amoxicillin)

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SmartPA		
CEPHALOSPORINS – First Generation		
cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation		
cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation		
cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit <ul style="list-style-type: none">18 years – cefdinir suspension
COLONY STIMULATING FACTORS		
GRANIX (tbo-filgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIENTENZO (pegfilgrastim-bmez) ^{NR}	
SmartPA		
CYSTIC FIBROSIS AGENTS		
BETHKIS (tobramycin) KITABIS (tobramycin) tobramycin(generic TOB I) labeler 00093,00781, 17478, 43598, 65162, 68180	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor)	Minimum Age Limits <ul style="list-style-type: none">3 months – Pulmozyme6 months – Kalydeco Granules

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.6

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PULMOZYME (dornase alfa)
SYMDEKO (tezacaftor/ivacaftor)
TOBI (tobramycin)
TOBI PODHALER (tobramycin)
tobramycin (generic Kitabis) labeler 70644
TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)^{NR}

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

Maximum Age Limits

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

All Agents

- Documented diagnosis Cystic Fibrosis

Kalydeco, Orkambi, Symdeko & Trikafta

- [MANUAL PA](#)

TOBI Podhaler – MANUAL PA

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

CYTOKINE & CAM ANTAGONISTS

COSENTYX (secukinumab) ^{SmartPA}
ENBREL (etanercept)

ACTEMRA (tocilizumab)
CIMZIA (certolizumab)

Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital

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HUMIRA (adalimumab)
methotrexate

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)
SILIQ (brodalumab)
SIMPONI (golimumab)
SKYRIZI (risankizumab)
STELARA (ustekinumab)
TALTZ (ixekizumab)
TREMIFYA (guselkumab)
TREXALL (methotrexate)
XELJANZ (tofacitinib)
XELJANZ XR (tofacitinib)

or clinic setting. PA will not be issued at Point of Sale without justification.

Cosentyx

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

ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

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

ARANESP (darbepoetin)
PROCRT (rHuEPO)

Mircera

- Documented diagnosis chronic renal failure in the past 2 years

Non Preferred Criteria

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

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

ADVATE	ADYNOVATE
AFSTYLA	ELOCTATE
ALPHANATE	JIVI
FEIBA NF	KCENTRA
HEMOFIL M	KOVALTRY
HUMATE-P	NOVOSEVEN RT
KOATE	OBIZUR
KOATE-DVI	VONVENDI
KOGENATE FS	
MONOCLATE-P	
NOVOEIGHT	
NUWIQ	
RECOMBINATE	
WILATE	
XYNTHA	
XYNTHA SOLOFUSE	

FACTOR IX

ALPHANINE SD	IDELVION
ALPROLIX	REBINYN
BEBULIN	

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	BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS		Hemlibra 1 claim with the same agent in the past 105 days
OTHER FACTOR PRODUCTS			
	COAGADEX FIBRYGA RIASTAP	CORIFACT HEMLIBRA* TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	Cymbalta (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) SmartPA			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin)	Non-Preferred Criteria <ul style="list-style-type: none">• 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none">• Anthrax infection or exposure OR• Cystic Fibrosis OR• Pneumonic plague OR tularemia AND history of doxycycline in the

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		LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	past 3 months OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) <small>Age Edit</small> CONDYLOX (podofilox) <small>Age Edit</small> podofilox <small>Age Edit</small>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <small>Age Edit</small> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <small>Age Edit</small> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <small>Age Edit</small>	Minimum Age Limit • 12 years – Aldara • 18 years – Condylox, Picato, Veregen

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ZYCLARA (imiquimod) Age Edit

GLUCOCORTICOIDS (Inhaled) SmartPA

GLUCOCORTICOIDS

ASMANEX TWISTHALER (mometasone)

budesonide 0.25mg and 0.5mg

FLOVENT DISKUS (fluticasone)

FLOVENT HFA (fluticasone)

PULMICORT FLEXHALER (budesonide)

QVAR REDIHALER (beclomethasone dipropionate)

AEROSPAN (flunisolide)

ALVESCO (ciclesonide)

ARMONAIR RESPICLICK (fluticasone)

ARNUIITY ELLIPTA (fluticasone)

ASMANEX HFA (mometasone)

budesonide 1mg

PULMICORT (budesonide) Respules

QVAR (beclomethasone dipropionate)

Non-Preferred Criteria

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

NOTE: Institutional sized products are Non-Preferred

GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS

ADVAIR HFA (fluticasone/salmeterol)

DULERA (mometasone/formoterol)

fluticasone/salmeterol

SYMBICORT (budesonide/formoterol)

ADVAIR DISKUS (fluticasone/salmeterol)

AIRDUO Respicklick (fluticasone/salmeterol)

BREO ELLIPTA (fluticasone/vilanterol)

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

famotidine tablet

ranitidine tablet

ranitidine solution

ZANTAC (ranitidine)

AXID (nizatidine)

cimetidine

famotidine suspension

nizatidine

PEPCID (famotidine)

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		ranitidine capsule	
	PROTON PUMP INHIBITORS		
	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole	
	OTHER		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin)	All Agents for Age ≥ 18 years • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR • Documented procedure of cranial

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		ZORBTIVE (somatropin)	irradiation Non-Preferred Criteria <ul style="list-style-type: none">• Have tried 1 preferred agent in the past 6 months OR• 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	Quantity Limit <ul style="list-style-type: none">• 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
HEPATITIS C TREATMENTS			
	MAVYRET (glecaprevir/pibrentasvir) [∞] PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir [∞]	COPEGUS (ribavirin) DAKLINZA (daclatasvir) [∞] EPCLUSA (sofosbuvir/velpatasvir) [∞] HARVONI (ledipasvir/sofosbuvir) [∞] ledipasvir/sofosbuvir [∞] MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin)	[∞] Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – <u>MANUAL PA</u>

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RIBASPHERE (ribavirin)
RIBASPHERE RIBAPAK DOSEPACK (ribavirin)
ribavirin capsules
SOVALDI (sofosbuvir)[∞]
TECHNIVIE (ombitasvir/paritaprevir/ritonavir)
VIEKIRA (ombitasvir/paritaprevir/ritonavir)
VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)
VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)[∞]
ZEPATIER (elbasvir/grazoprevir)[∞]

HEREDITARY ANGIOEDEMA

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

HYPERURICEMIA & GOUT SmartPA

allopurinol
colchicine capsule
probenecid
probenecid/colchicine

colchicine tablet
COLCRYS (colchicine)
DUZALLO (lesinurad/allopurinol)
GLOPERBA (colchicines)^{NR}
MITIGARE (colchicine)
ULORIC (febuxostat)
ZURAMPIC (lesinurad)
ZYLOPRIM (allopurinol)

Non-Preferred Criteria

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

Zurampic Criteria

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

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HYPOGLYCEMICS, BIGUANIDES SmartPA

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

	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSEN (alogliptin/pioglitazone)	MANUAL PA <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ◦ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ◦ Combination agents count as 2 classes Kombiglyze XR and Onglyza Criteria <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

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

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

MANUAL PA

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

Symlin is excluded from all criteria

HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMULIN R U500 VIAL (insulin)
insulin lispro
insulin lispro kwikpen
LANTUS SOLOSTAR & VIAL (insulin glargine)
LEVEMIR FLEXPEN & VIAL (insulin detemir)

AFREZZA (insulin)
ADMELOG (insulin lispro)
APIDRA (insulin glulisine)
APIDRA SOLOSTAR (insulin glulisine)
BASAGLAR (insulin glargine)
FIASP (insulin aspart)
HUMALOG JR (insulin lispro)
HUMALOG KWIKPEN U100 (insulin lispro)
HUMALOG KWIKPEN U200 (insulin lispro)
HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)
HUMALOG MIX VIAL (insulin lispro/ lispro protamine)

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 **OR**
- 1 claim with the same agent in the past 105 days

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

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HUMALOG VIAL (insulin lispro)
HUMULIN KWIKPEN & VIAL* (insulin)
HUMULIN R U500 KWIKPEN*
NOVOLOG FLEXPEN & VIAL (insulin aspart)
NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/
aspart protamine)
NOVOLIN FLEXPEN (insulin)
NOVOLIN VIAL (insulin)
TRESIBA (insulin degludec)
TOUJEO (insulin glargine)
TOUJEO MAX(insulin glargine)

HYPOGLYCEMICS, MEGLITINIDES SmartPA

nateglinide
repaglinide

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

MANUAL PA

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

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin)
JARDIANCE (empagliflozin)

INVOKANA (canagliflozin)
RYBELSUS (semaglutide)^{NR}
STEGLATRO (ertugliflozin)

MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the

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			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)	<u>MANUAL PA</u> • 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	
	TZD COMBINATIONS			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide)		

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		DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		All Agents <ul style="list-style-type: none">• Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV <ul style="list-style-type: none">• No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	Minimum Age Limit <ul style="list-style-type: none">• 13 years - Rapamune• 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf <ul style="list-style-type: none">• Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis Azasan <ul style="list-style-type: none">• Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis Gengraf, Neoral, Sandimmune <ul style="list-style-type: none">• 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

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			multifocal motor neuropathy Myfortic <ul style="list-style-type: none">Documented diagnosis of kidney transplant or psoriasis Rapamune <ul style="list-style-type: none">Documented diagnosis of kidney transplant Zortress <ul style="list-style-type: none">Documented diagnosis of kidney transplant or liver transplant
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	ASCENIV ^{NR} BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN XEMBIFY ^{NR}	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	azelastine	ASTEPRO (azelastine) olopatadine	

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		PATANASE (olopatadine)	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA			
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
CORTICOSTEROIDS SmartPA			
	FLONASE (fluticasone) fluticasone	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) QNASL (beclomethasone) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis for allergic rhinitis AND Have tried 1 different preferred agent in the past 6 months <p>Budesonide <u>Smart PA will be issued for pregnant women.</u></p> <ul style="list-style-type: none"> A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	deferasirox JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
IRRITABLE BOWEL SYNDROME CONSTIPATION			
	AMITIZA (lubiprostone) LINZESS 145mg, 290mg (linaclotide) MOVANTIK (naloxegol)	LINZESS 72mg (linaclotide) MOTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine)	<p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> 18 years –except Bentyl, Gattex, Levsin

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		TRULANCE (plecanatide) ZELNORM (tegaserod)	Gender Limits <ul style="list-style-type: none">• Female - Amitiza 8mcg Chronic Idiopathic Constipation (CIC) AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE All CIC Agents: <ul style="list-style-type: none">• Documented diagnosis of CIC in the past year AND• No history of GI or bowel obstruction Non Preferred CIC Agents <ul style="list-style-type: none">• Above CIC criteria AND• 30 days of therapy with 2 preferred agent in the past 6 months OR• 1 claim with the same agent in the past 105 days Irritable Bowel Syndrome – Constipation Dominant (IBS-C) AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE <ul style="list-style-type: none">• Documented diagnosis of IBS-C in the past year AND• No history of GI or bowel obstruction Opioid Induced Constipation (OIC) AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC All OIC Agents:
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		<ul style="list-style-type: none">• Documented diagnosis of OIC in the past year AND• 1 claim for an opioid in the past 30 days AND• No history of GI or bowel obstruction AND• Documented diagnosis of chronic pain in the past year <p>Non Preferred OIC Agents</p> <ul style="list-style-type: none">• Above OIC criteria AND• 30 days of therapy with 1 preferred agent in the past 6 months OR• 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none">• Above OIC criteria AND• Documented diagnosis of active cancer in the past year AND• Documented diagnosis of palliative care in the past 6 months
	IRRITABLE BOWEL SYNDROME DIARRHEA	
	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)*

Viberzi

- Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year **AND**
- 1 claim with the same agent in the past 105 days

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			Lotronex <ul style="list-style-type: none">• 1 claim for the same agent in the past 105 days OR• MANUAL PA - All new patients require manual review. Xifaxan - (see Antibiotics, GI)
		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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 1 claim for the same agent in the

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past 105 days **OR**
 • **MANUAL PA** - All new patients require manual review.

Nutrestore - **MANUAL PA**

LEUKOTRIENE MODIFIERS SmartPA

montelukast granules
montelukast tablets
zafirlukast

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

Minimum Age Limit
 • **12 years** – Zylfo & Zylfo CR

Non-Preferred Criteria
 • Have tried 2 different preferred agents in the past 6 months

LIPOTROPICS, OTHER (NON-STATINS) SmartPA

BILE ACID SEQUESTRANTS

cholestyramine
colestipol

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

All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred
 • 90 consecutive days on the requested agent in the past 105 days **OR**
 • Have tried 1 statin or statin combination agent in the past year **OR**
 • One of the following exceptions:
 o Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
 o Pregnant female **OR**
 o Documented diagnosis of liver disease **OR**

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			<ul style="list-style-type: none"> o Documented diagnosis for hypertriglyceridemia OR o Clinical justification a statin or statin combination product cannot be used <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ezetimibe	ZETIA (ezetimibe)	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	<p>Fibric Acid Derivative Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different fibric acid derivatives in the past 6 months

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MTP INHIBITOR			
		JUXTAPID (lomitapide)	MANUAL PA
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	MANUAL PA
NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR			
		PRALUENT (alirocumab) REPATHA (evolocumab)	MANUAL PA
LIPOTROPICS, STATINS <small>SmartPA</small>			
STATINS			
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin)	Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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		MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	
	STATIN COMBINATIONS		
	ezetimibe/simvastatin SIMCOR (simvastatin/niacin)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) VYTORIN (simvastatin/ezetimibe)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	Quantity Limits <ul style="list-style-type: none"> 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)	Alprazolam ER CUMULATIVE quantity limit <ul style="list-style-type: none"> 31 tablets/31 days Hydroxyzine hcl 10mg tablets <ul style="list-style-type: none"> 6-12 years - <i>Smart PA will automatically be issued for this age range</i>

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		VISTARIL (hydroxyzine pamoate)	
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS SmartPA			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	Ingrezza: • MANUAL PA tetrabenazine: • Documented diagnosis of Huntington's Chorea Non-Preferred Criteria Austedo: • MANUAL PA for diagnosis of tardive dyskinesia OR • Documented diagnosis of Huntington's Chorea AND • 30 days of therapy with preferred tetrabenazine in the past 6 months
MULTIPLE SCLEROSIS AGENTS SmartPA			

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

AMPYRA (dalfampridine)
COPAXONE 40mg (glatiramer)
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](#)

Mayvent – [MANUAL PA](#)

MUSCULAR DYSTROPHY AGENTS

EMFLAZA (deflazacort)
EXONDYS (eteplirsen)
VYONDYS (golodirsen)^{NR}

Exondys- [MANUAL PA](#)

NSAIDS SmartPA

NON-SELECTIVE

diclofenac EC
diclofenac IR
diclofenac SR
etodolac IR tab
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
nabumetone
naproxen 250mg and 500mg

ADVIL (ibuprofen)
ANAPROX (naproxen)
CAMBIA (diclofenac)
CATAFLAM (diclofenac)
DAYPRO (oxaprozin)
etodolac cap
etodolac tab SR
FELDENE (piroxicam)
FENORTHO (fenoprofen)
fenoprofen
INDOCIN capsules, suspension & suppositories (indomethacin)

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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	naproxen suspension piroxicam sulindac	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) RELAFEN DS (nabumetone) ^{NR} SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
	COX II SELECTIVE		
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or

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NULOX (meloxicam)
QMIIZ ODT (meloxicam)
VIVLODEX (meloxicam)

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
NEO-POLYCIN (neomy/baci/polymyxin b)
NEOSPORIN (bacitracin/neomycin/gramicidin)
(oxy-tcn/polymyx sul)
OCUFLOX (ofloxacin)
POLYTRIM (polymyxin/trimethoprim)

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		sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone)drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) drops, oint 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 FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac loteprednol etabonate MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
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	PRED MILD (prednisolone) VEXOL (rimexolone)	PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) <small>Smart PA</small>	Minimum Age Limit • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa Quantity Limits • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra Non-Preferred Criteria: • History of 4 claims for Restasis in the past 6 months

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OPHTHALMIC, GLAUCOMA AGENTS <small>SmartPA</small>			
		BETA BLOCKERS	Non-Preferred Criteria <ul style="list-style-type: none"> • 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	
		CARBONIC ANHYDRASE INHIBITORS	
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
		COMBINATION AGENTS	
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) SIMBRINZA (brinzolamide/brimonidine)	
		PARASYMPATHOMIMETICS	
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
		PROSTAGLANDIN ANALOGS	

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	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
RHO KINASE INHIBITORS/COMBINATIONS			
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
SYMPATHOMIMETICS			
	brimonidine 0.2%	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
DEPENDENCE			
	buprenorphine/naloxone film labeler 52427 buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films all other labelers LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<u>Buprenorphine/Naloxone and buprenorphine:</u> Non-Preferred Criteria: • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone Bunavail NOTE: Bunavail is not indicated for

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			<i>induction therapy</i> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone provider summary found here Probuphine, Sublocade, Vivitrol - MANUAL PA
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	Maximum Age Limit • 9 years - Cipro HC
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			

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calcitriol
ergocalciferol
paricalcitol
ROCALTRON (calcitriol)
ZEMPLAR (paricalcitol)

cinacalcet
doxercalciferol
DRISDOL (ergocalciferol)
HECTOROL (doxercalciferol)
NATPARA (parathyroid hormone)
RAYALDEE (calcifediol)
SENSIPAR (cinacalcet)

PHOSPHATE BINDERS

calcium acetate
ELIPHOS (calcium acetate)
PHOSLYRA (calcium acetate)
sevelamer carbonate tablets

AURYXIA (ferric citrate)
FOSRENOL (lanthanum)
lanthanum
PHOSLO (calcium acetate)
RENAGEL (sevelamer HCl)
REVELA (sevelamer carbonate)
sevelamer carbonate powder packets
sevelamer HCl
VELPHORO (sucroferric oxyhydroxide)

PLATELET AGGREGATION INHIBITORS SmartPA

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

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

Zontivity – MANUAL PA

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

Non-Preferred Criteria

- Documented diagnosis **AND**

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.6

Updated: 12-31-2019

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

PLATELET STIMULATING AGENTS

PROMACTA (eltrombopag olamine)

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

PRENATAL VITAMINS

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

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

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA (dextromethorphan/quinidine)

Non-Preferred Criteria

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

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PULMONARY ANTIHYPERTENSIVES^{SmartPA}

ENDOTHELIN RECEPTOR ANTAGONIST

ambrisentan

TRACLEER (bosentan) Tablets

bosentan

LETAIRIS (ambrisentan)*

OPSUMIT (macitentan)

TRACLEER (bosentan) Suspension

All PAH Agents – Preferred and Non-Preferred

- Documented diagnosis of pulmonary hypertension

Non-Preferred Criteria

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

PDE5's

sildenafil (generic Revatio) tablet

tadalafil

ADCIRCA (tadalafil)

REVATIO (sildenafil) tablet

REVATIO (sildenafil) suspension

sildenafil (generic Revatio) suspension

Non-Preferred Criteria

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

Revatio suspension

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

Revatio tablets

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

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

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ROSACEA TREATMENTS

	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	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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SEDATIVE HYPNOTICS

BENZODIAZEPINES ^{SmartPA}		
estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. MS DOM Opioid Initiative • Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limits – CUMULATIVE

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			Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths
			Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
		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)	Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months Hetlitz

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- Circadian rhythm sleep disorder **AND**
- Diagnosis indicating total blindness of the patient

SELECT CONTRACEPTIVE PRODUCTS

INJECTABLE CONTRACEPTIVES

medroxyprogesterone acetate IM

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

ORAL 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)
SLYND (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)
orphenadrine
orphenadrine compound

Non-Preferred Agents

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

Carisoprodol

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

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

- o 18 tablets - to allow tapering off
- o 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
hydrocortisone cr, oint, soln.

alclometasone
DERMA-SMOOTH-FS (fluocinolone)
DESONATE (desonide)
DESOWEN (desonide)
fluocinolone oil

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

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		hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non-Preferred Criteria • Have tried 2 different preferred medium potency agents in the past 6 months
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone)	Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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		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) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ^{NR} ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) methylphenidate IR methylphenidate solution	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate)	Minimum Age Limit <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenzedi 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin

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PROCENTRA (dextroamphetamine)

methamphetamine

METHYLIN solution (methylphenidate)

methylphenidate chewable

ZENZEDI (dextroamphetamine)

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, METHYLIN, PROCENTRA, RITALIN, ZENZEDI

Non-Preferred Criteria narcolepsy:

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

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			<ul style="list-style-type: none">• 1 different preferred Short Acting agent indicated for narcolepsy in the past 6 months OR• 1 claim for a 30 day supply with the requested agent in the past 105 day
LONG-ACTING			
amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER DYNAVEL XR (amphetamine) JORNAY PM (methylphenidate) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil) PROVIGIL (modafinil) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) SUNOSI (solriamfetol)	Minimum Age Limit <ul style="list-style-type: none">• 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dynavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse• 13 years – Mydayis• 16 years – Provigil• 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none">• 18 years – Cotempla XR ODT, Daytrana Quantity Limits <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none">• 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg , Daytrana, Dexedrine Spansule,	

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To search the PDL, press CTRL + F



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EFFECTIVE 01/01/2020

Version 2020.6

Updated: 12-31-2019

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- 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** – Dynavel 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 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,

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SUNOSI

Non-Preferred Criteria narcolepsy:

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

Nuvigil

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

Provigil

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

Sunosi

- Documented diagnosis of narcolepsy or obstructive sleep apnea **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months

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NON-STIMULANTS		
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine) WAKIX (pitolisant) ^{NR}
		<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera 18 years - Wakix Maximum Age Limit • 18 years – Intuniv, Kapvay • 21 years – diagnosis of ADD/ADHD is required for Strattera</p> <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days • 31 tablets/31 days – Intuniv, Strattera • 62 tablets/31 days - Wakix • 124 tablets/31 days – Kapvay</p> <p>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</p> <p>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</p>

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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)
doxycycline monohydrate caps (75mg & 150mg)
doxycycline monohydrate tabs
DORYX (doxycycline hyclate)
DYNACIN (minocycline)
MINOCIN (minocycline)
MINOLIRA (minocycline)
minocycline ER
minocycline tabs
MONODOX (doxycycline monohydrate)
NUZYRA (omadacycline tosylate)
OKEBO (doxycycline)
ORACEA (doxycycline)
SEYSARA (sarecycline)
SOLODYN (minocycline)
TARGADOX (doxycycline)

Non-Preferred Agents

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

Demeclocycline

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

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		VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)		
ULCERATIVE COLITIS and CROHN'S AGENTS ^{SmartPA} *See Cytokine & CAM Antagonists Class for additional agents				
ORAL				
	APRISO (mesalamine) balsalazide sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	Gender Limits <ul style="list-style-type: none">• Male - Giazio Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis for Ulcerative Colitis AND• 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days budesonide EC <ul style="list-style-type: none">• Documented diagnosis for Crohn's disease OR• Documented diagnosis for Ulcerative Colitis AND• 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days	
RECTAL				
	mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)		

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