



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

EFFECTIVE 01/01/2020

Version 2020.6a

Updated: 01-17-2020

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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

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

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		TAZORAC (tazarotene) tretinoin gel tretinoin micro
<b>COMBINATION DRUGS/OTHERS</b>		
	<p>benzoyl peroxide/clindamycin (generic DUAC) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)</p>	<p>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)</p>
<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide)

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		LAVOCLEN (benzoyl peroxide)	
	<b>ISOTRETINOIN</b>		
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin	
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
<b>ALZHEIMER'S AGENTS</b> <small>SmartPA</small>			
	<b>CHOLINESTERASE INHIBITORS</b>		
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for both preferred and Non-Preferred</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
	<b>NMDA RECEPTOR ANTAGONIST</b>		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR	

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

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

- **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
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## ANALGESICS/ANESTHETICS (Topical)

	<p><b>diclofenac sodium solution</b> VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup></p>	<p>capsaicin DICLO GEL KIT(diclofenac sodium) diclofenac sodium 1% gel FLECTOR (diclofenac epolamine) <sup>SmartPA</sup> FROTEK (ketoprofen) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) <sup>SmartPA</sup> LIDTOPIC MAX (lidocaine) <b>PENNSAID Solution (diclofenac sodium )</b> <sup>SmartPA</sup> SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p><b>Lidoderm</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Herpetic Neuralgia <b>OR</b></li> <li>• Documented diagnosis of Diabetic Neuropathy</li> </ul> <p><b>ZTlido</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Herpetic Neuralgia</li> </ul>
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## ANDROGENIC AGENTS <sup>SmartPA</sup>

	<p>ANDRODERM (testosterone patch) testosterone gel packets</p>	<p>ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone)</p>	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Limited to male gender</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
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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"> <li>Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>			
	irbesartan losartan <b>olmesartan</b> telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan <b>MICARDIS (telmisartan)</b> TEVETEN (eprosartan)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ARB COMBINATIONS</b>			
	ENTRESTO (valsartan/sacubitril) <sup>Smart PA</sup> irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine <b>olmesartan/HCTZ</b> 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) <b>MICARDIS-HCT (telmisartan/HCTZ)</b> olmesartan/amlodipine/HCTZ	<p><b>Entresto</b></p> <ul style="list-style-type: none"> <li>Age ≥ 18 years <b>AND</b></li> <li>Documented diagnosis of heart failure</li> </ul> <p><b>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>ARB/Diuretic</b></p>

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		telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITORS</b>			
		TEKTURNA (aliskiren)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of hypertension <b>AND</b></li> <li>• Have tried 2 different preferred <u>ACE/ or ARB single-entity</u> products in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of hypertension <b>AND</b></li> <li>• Have tried 2 different preferred <u>ACE/ or ARB diuretic agents</u> in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIBIOTICS (GI)</b>			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole)	

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

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	PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	<p><b>PRADAXA 110MG</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of hip replacement <b>AND</b> duration of therapy limited to 35 days</li> </ul> <p><b><u>DVT Prophylaxis - following knee replacement</u></b></p> <p><b>XARELTO 10MG &amp; ELIQUIS</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of knee replacement <b>AND</b> duration of therapy limited to 12 days</li> </ul> <p><b>Eliquis 5mg Starter Pack - ONLY</b> approved for treatment of DVT/PE</p> <p><b>XARELTO 2.5MG</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of coronary artery disease <b>OR</b></li> <li>Documented diagnosis of peripheral artery disease <b>AND</b></li> <li>History of therapy with aspirin in the past 30 days <b>AND</b></li> <li>History of 90 days therapy with anti-platelet agent in the past year <b>OR</b></li> <li>History of 30 days therapy with warfarin in the past year</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> </ul>
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			<ul style="list-style-type: none"> <li>1 claim with the same agent in the past 90 days</li> </ul>
<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>			
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p><b>LMWH – All Agents</b></p> <ul style="list-style-type: none"> <li>LMWH therapy in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer <b>OR</b></li> <li>Female and age 8 to 51 years</li> </ul> </li> <li><b>OR</b></li> <li>NO LMWH therapy in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>Duration of therapy is &lt; 17 days <b>OR</b></li> <li>Documented diagnosis of cancer <b>OR</b></li> <li>Female and age 8 to 51 years <b>OR</b></li> <li>Total hip/knee replacement or hip fracture surgery in the past 6 months <b>AND</b> duration of therapy &lt; 35 days</li> </ul> </li> </ul> <p><b>LMWH Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 different preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTICONVULSANTS</b> <small>SmartPA</small>			
<b>ADJUVANTS</b>			

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<p>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</p>	<p>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) ROWEEPPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• 1 year - Banzel</li> <li>• 2 years – Diacomit, Epidiolex, Onfi, Sympazan</li> </ul> <p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• 3 Twin Packs/31 days - Diastat</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <p><b>Banzel/Onfi/Sympazan</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <p><b>Diacomit</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>AND</b></li> <li>• Active claim for clobazam</li> </ul> <p><b>Epidiolex</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet</li> </ul>
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		<p>TEGRETOL XR (carbamazepine)          tiagabine          TOPAMAX TABLET (topiramate)          TOPAMAX Sprinkle (topiramate)          topiramate ER (generic Qudexy XR) <span style="color: red;">Step Edit</span>          TRILEPTAL Tablets (oxcarbazepine)          TRILEPTAL Suspension (oxcarbazepine)          TROKENDI XR (topiramate)          vigabatrin          ZONEGRAN (zonisamide)</p>	<p>syndrome <b>OR</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 1 claim for the requested agent in the past 30 days</li> </ul> <p><b>Sabril Powder for Oral Solution</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of infantile spasms <b>OR</b></li> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <p><b>Topiramate ER – Step Edit</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure <b>OR</b></li> <li>• 30 day trial with topiramate IR in the past 6 months</li> </ul>
<b>SELECTED BENZODIAZEPINES</b>			
	<p>clobazam          diazepam rectal gel</p>	<p>DIASTAT (diazepam rectal)          DIASTAT ACCUDIAL (diazepam rectal)          ONFI (clobazam)          ONFI SUSPENSION (clobazam)</p>	

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

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

## ANTIDEPRESSANTS, SSRIs SmartPA

citalopram  
escitalopram  
fluoxetine capsules  
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** - Zolof
- **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 ≤ 40 mg/day **OR**
- ≥ 60 years **AND** max daily dose ≤ 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) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLLENZ (ondansetron)
<p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>• 4 tablets/28 days - Varubi</li> <li>• 6 tablets/31 days – Akynzeo</li> <li>• 30 tablets/31 days – Zofran tablets/ODT</li> <li>• 100 ml/31 days – Zofran solution</li> </ul> <p><b>Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>		
ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine)
CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)
NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)
<p><b>Varubi - MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li> <li>• Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b></li> </ul>		

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020  
Version 2020.6a  
Updated: 01-17-2020

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

## ANTIFUNGALS (Oral) SmartPA

clotrimazole  
fluconazole  
griseofulvin microsize suspension  
nystatin  
terbinafine

ANCOBON (flucytosine) ^  
CRESEMBA (isavuconazonium)  
DIFLUCAN (fluconazole)  
flucytosine  
GRIFULVIN V (griseofulvin, microsize)  
griseofulvin microsize tablets  
griseofulvin ultramicrosize tablet  
GRIS-PEG (griseofulvin)  
itraconazole ^  
ketoconazole  
LAMISIL (terbinafine)  
NOXAFIL (posaconazole) ^  
ONMEL (itraconazole) ^  
SPORANOX (itraconazole) ^  
TERBINEX Kit (terbinafine/ciclopirox)  
TOLSURA (itraconazole)  
VFEND (voriconazole) ^  
voriconazole ^

### Minimum Age Limit

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

### Non-Preferred Criteria

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

### HIV opportunistic infection

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

### Cresemba - **MANUAL PA**

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

### Sporanox

- 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

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		VUSION (miconazole/petrolatum/zinc oxide)	
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
<b>ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <sup>SmartPA</sup></b>			
<b>MINIMALLY SEDATING ANTIHISTAMINES</b>			
	cetirizine loratadine	cetirizine chewable CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>
<b>MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>			
	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  
 RELPAX (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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<b>NASAL</b>			
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) <sup>NR</sup> ZOMIG (zolmitriptan)	<p><b>Quantity Limit - NASAL</b></p> <ul style="list-style-type: none"> <li>• 1 box/31 days</li> </ul> <p><b>Non-Preferred Criteria - NASAL</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred oral agents in the past 90 days <b>AND</b></li> <li>• Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days</li> </ul>
<b>INJECTABLES</b>			
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	<p><b>CUMULATIVE Quantity Limit - INJECTION</b></p> <p><b>4 injections/31 days</b></p>
<b>OTHER</b>			
		ZECUITY PATCH (sumatriptan)	<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• 4 patches/31 days</li> </ul> <p><b>Zecuity</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days</li> </ul>
<b>*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) AYVAKIT (avapritinib) <sup>NR</sup> BALVERSA (erdafitinib)	<p><b>Farydak - <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of multiple myeloma <b>AND</b></li> </ul>

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

BRAFTOVI (encorafenib)  
 BRUKINSA (zanubrutinib)<sup>NR</sup>  
 COPIKTRA (duvelisib)  
 CABOMETYX (cabozantinib s-malate)  
 CALQUENCE (acalabrutinib)  
 DAURISMO (glasdegib)  
 ERLEADA (apalutamide)  
 FARYDAK (panobinostat)  
 GLEOSTINE (lomustine)  
 IBRANCE (palbociclib) <sup>SmartPA</sup>  
 IDHIFA (enasidenib)  
 INREBIC (fedratinib)<sup>NR</sup>  
 imatinib  
 KISQALI (ribociclib) <sup>SmartPA</sup>  
 LENVIMA (lenvatinib) <sup>SmartPA</sup>  
 LORBRENA (lorlatinib) <sup>SmartPA</sup>  
 LYNPARZA (olaparib) <sup>SmartPA</sup>  
 MEKTOVI (binimetinib)  
 NERLYNX (neratinib maleate)  
 NUBEQA (darolutamide)<sup>NR</sup>  
**PIQRAY (alpelisib)**  
 ROZLYTREK (entrectinib) <sup>NR</sup>  
 RUBRACA (rucaparib)  
 RYDAPT (midostaurin)  
 TAGRISSO (osimertinib)  
 TALZENNA (talazoparib)  
 TIBSOVO (ivosidenib)  
 TURALIO (pexidartinib) <sup>NR</sup>  
 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) <sup>SmartPA</sup>

### 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%  
STROMECTOL 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) <sup>SmartPA</sup>**

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

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haloperidol  
olanzapine  
olanzapine ODT  
perphenazine  
quetiapine  
quetiapine XR  
risperidone  
risperidone ODT  
SAPHRIS (asenapine)  
thioridazine  
thiothixene  
trifluoperazine  
ziprasidone

aripiprazole ODT  
chlorpromazine  
clozapine ODT  
CLOZARIL (clozapine)  
SECUADO (asenapine)<sup>NR</sup>  
FANAPT (iloperidone)  
FAZACLO (clozapine)  
GEODON (ziprasidone)  
HALDOL (haloperidol)  
INVEGA ER (paliperidone)  
LATUDA (lurasidone)  
NAVANE (thiothixene)  
NUPLAZID (pimavanserin)  
olanzapine/fluoxetine  
paliperidone ER  
REXULTI (brexipiprazole)  
RISPERDAL (risperidone)  
SEROQUEL (quetiapine)  
SEROQUEL XR (quetiapine)  
SYMBYAX (olanzapine/fluoxetine)  
VERSACLOZ (clonazpine)  
VRAYLAR (cariprazine)  
ZYPREXA (olanzapine)

- **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, Secuado, Vraylar,

**Concurrent Therapy Limits – Ages 0-17 years**

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

**Non-Preferred Criteria- Atypical Agents**

- 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

**Nuplazid**

- Documented diagnosis of Parkinson's disease

**INJECTABLE, ATYPICALS SmartPA**

ARISTADA ER (aripiprazole lauroxil)

ABILIFY (aripiprazole)

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020  
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ARISTADA INITIO (aripiprazole lauroxil)  
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"> <li>• CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt;50mL/min to continue therapy</li> </ul>	
<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>				
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim with the requested agent in the past 105 days</li> </ul>	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>				
	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)		
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)</b>				
	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)		
<b>PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR</b>				
		TYBOST (cobicistat)	Tybost - <a href="#">MANUAL PA</a>	

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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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<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>		
	<b>ATRIPLA</b> (efavirenz/emtricitabine/tenofovir) CIMDUO (lamivudine/tenofovir) <b>DELSTRIGO</b> (doravirine/lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	COMPLERA (emtricitabine/rilpivirine/tenofovir)
<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir
<b>CD4 DIRECTED HIV-1 INHIBITOR</b>		
	TROGARZO (ibalizumab)	
<b>ANTIVIRALS (Oral)</b>		
<b>ANTI-CYTOMEGALOVIRUS AGENTS</b>		
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution
		<b>valganciclovir solution</b> – automatic approval for age <12 years  <b>Prevymis</b> Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease <ul style="list-style-type: none"> <li>• 18 years or older <b>AND</b></li> <li>• Post hematopoietic stem cell transplant (HSCT) within the past 28 days <b>AND</b></li> <li>• CMV sero-positive recipient [R+] <b>AND</b></li> </ul>

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			<ul style="list-style-type: none"> <li>NO severe (Child-Pugh Class C) hepatic impairment</li> </ul>
<b>ANTI-CYTOMEGALOVIRUS AGENTS</b>			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
<b>ANTI-INFLUENZA AGENTS</b>			
	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b> <small>SmartPA</small>			

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pimecrolimus labeler 68682

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

**Minimum Age Limit**

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

**Non-Preferred Criteria**

- Have tried 1 preferred agent in the past 6 months

**Eucrisa**

- History of 28 days of therapy with a calcineurin inhibitor **AND** a topical steroid in the past year

Dupixent- [MANUAL PA](#)

**BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS** SmartPA

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

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

**Bystolic – Step Edit**

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

**Non-Preferred Criteria – All Agents**

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

**BETA- AND ALPHA-BLOCKERS**

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	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<b>Coreg CR</b> <ul style="list-style-type: none"> <li>Documented diagnosis for hypertension <b>AND</b></li> <li>Have tried generic carvedilol <b>AND</b> 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>BETA BLOCKER/DIURETIC COMBINATIONS</b>			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
<b>ANTIANGINALS</b>			
		RANEXA (ranolazine) ranolazine	<b>Ranexa</b> <ul style="list-style-type: none"> <li>Documented diagnosis of angina <b>AND</b></li> <li>1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SINUS NODE AGENTS</b>			
		CORLANOR (ivabradine)	<b>Corlanor - <u>MANUAL PA</u></b>

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## 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)	<b>Non-Preferred Criteria</b> • 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	<b>Non-Preferred Criteria</b> • Documented diagnosis for osteoporosis or osteopenia <b>AND</b>

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		ATELVIA (risedronate) <b>BINOSTO (alendronate)</b> BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) <b>risedronate DR Tablet</b>	<ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>OTHERS</b>			
		<b>calcitonin salmon</b> EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
<b>BPH AGENTS</b> <small>SmartPA</small>			
<b>ALPHA BLOCKERS</b>			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	<p><b>Female</b></p> <ul style="list-style-type: none"> <li>• Cardura, Flomax, Proscar, terazosin, or Uroxatral <b>AND</b> a documented diagnosis based on a state accepted diagnosis</li> </ul> <p><b>Non-Preferred Criteria - MALE</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>

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<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>		
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)
<b>PDE5 INHIBITORS</b>		
		CIALIS (tadalafil)
<b>BRONCHODILATORS &amp; COPD AGENTS</b>		
<b>ANTICHOLINERGICS &amp; COPD AGENTS</b>		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) <b>TUDORZA PRESSAIR (aclidinium)</b> YUPELRI (revefenacin)
		<b>Minimum Age Limit</b> <b>6 years</b> – Spiriva Respimat  <b>Spiriva Respimat</b> • Documented diagnosis of asthma
<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>		
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol) <b>COMBIVENT RESPIMAT (albuterol/ipratropium)</b> <b>UTIBRON (indacaterol/glycopyrrolate)</b>	ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (aclidinium/formoterol) <sup>NR</sup> STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)
<b>BRONCHODILATORS, BETA AGONIST</b>		
<b>INHALERS, SHORT-ACTING</b>		
	<b>albuterol HFA</b>	PROAIR DIGIHALER (albuterol) <sup>NR</sup>
		<b>Minimum Age Limit</b>

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EFFECTIVE 01/01/2020

Version 2020.6a

Updated: 01-17-2020

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	PROAIR RESPICLICK (albuterol)	<b>PROAIR HFA (albuterol)</b> <b>PROVENTIL HFA (albuterol)</b> <b>VENTOLIN HFA (albuterol)</b> XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>	<ul style="list-style-type: none"> <li>• <b>4 years</b> - Xopenex HFA</li> </ul> <b>Xopenex HFA Criteria</b> <ul style="list-style-type: none"> <li>• 1 claim for a preferred albuterol inhaler in the past 30 days</li> </ul>
<b>INHALERS, LONG ACTING</b> <sup>SmartPA</sup>			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>4 years</b> – Serevent</li> <li>• <b>18 years</b> – Arcapta, Striverdi Respimat</li> </ul> <b>Arcapta &amp; Striverdi Respimat</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of COPD <b>AND</b></li> <li>• Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>INHALATION SOLUTION</b> <sup>SmartPA</sup>			
	albuterol	BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Xopenex</li> <li>• <b>18 years</b> – Brovana, Perforomist</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>• 3 claims with the requested agent in the past 105 days</li> </ul>

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			<p><b>Xopenex</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a preferred albuterol in the past 30 days</li> </ul>
<b>ORAL</b>			
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>CALCIUM CHANNEL BLOCKERS</b> <small>SmartPA</small>			
<b>SHORT-ACTING</b>			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p><b>Quantity Limit - nimodipine</b></p> <ul style="list-style-type: none"> <li>• 252 tablets/ 21 days</li> <li>• 2520 mL/21 days</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR</li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>nimodipine</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of subarachnoid hemorrhage in the past 45 days <b>AND</b></li> <li>• Duration of therapy = 21 days</li> </ul>
<b>LONG-ACTING</b>			
	amlodipine DILT XR 24 HR Caps (diltiazem)	ADALAT CC (nifedipine) CALAN SR (verapamil)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>Long</u></li> </ul>

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diltiazem ER Cap 24 HR (generic Cardizem CD)  
diltiazem ER Cap 24 HR  
felodipine ER  
nifedipine ER  
verapamil ER

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

*Acting* CCB agents in the past 6 months OR  
• 90 consecutive days on the requested agent in the past 105 days

## CALORIC AGENTS

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

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

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

## CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

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## 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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## CEPHALOSPORINS – First Generation SmartPA

cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	<p><b>Non-Preferred Criteria – all generations</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
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## CEPHALOSPORINS – Second Generation SmartPA

cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)
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## CEPHALOSPORINS – Third Generation SmartPA

cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	<p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• 18 years – cefdinir suspension</li> </ul>
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## COLONY STIMULATING FACTORS

GRANIX (tbo-filgrastim) <b>NEUPOGEN Syringe (filgrastim)</b> NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) <b>UDENYCA (pegfilgrastim-cbqv)</b>
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ZARXIO (filgrastim)  
ZIENTENZO (pegfilgrastim-bmez)<sup>NR</sup>

## CYSTIC FIBROSIS AGENTS SmartPA

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)  
PULMOZYME (dornase alfa)  
SYMDEKO (tezacaftor/ivacaftor)  
TOBI (tobramycin)  
TOBI PODHALER (tobramycin)  
tobramycin (generic Kitabis) labeler 70644  
TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)<sup>NR</sup>

### Minimum Age Limits

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

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with valid clinical reasoning the preferred agent cannot be used

## CYTOKINE & CAM ANTAGONISTS

<p>COSENTYX (secukinumab) <sup>SmartPA</sup> ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) <b>RINVOQ (upadacitinib)</b> SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMIFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)</p>	<p>Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p><b>Cosentyx</b></p> <ul style="list-style-type: none"> <li>• <b>≥ 18 years</b> = Minimum Age</li> <li>• Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years <b>AND</b></li> <li>• 90 consecutive days of Humira in the past year</li> </ul>
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## ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

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

ARANESP (darbepoetin)  
**PROCRIT (rHuEPO)**

- Mircera**
- Documented diagnosis chronic renal failure in the past 2 years
- Non Preferred Criteria**
- Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months **AND**
  - Trial of a preferred 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  
**AFSTYLA**  
ALPHANATE  
FEIBA NF  
HEMOFIL M  
HUMATE-P  
KOATE  
KOATE-DVI  
**KOGENATE FS**  
MONOCLATE-P  
NOVOEIGHT

ADYNOVATE  
ELOCTATE  
ESPEROCT<sup>NR</sup>  
JIVI  
KCENTRA  
KOVALTRY  
NOVOSEVEN RT  
OBIZUR  
VONVENDI

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	NUWIQ RECOMBINATE WILATE <b>XYNTHA</b> <b>XYNTHA SOLOFUSE</b>		<b>Hemlibra</b>
	<b>FACTOR IX</b>		
	ALPHANINE SD ALPROLIX BEBULIN BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN	
	<b>OTHER FACTOR PRODUCTS</b>		
	COAGADEX FIBRYGA RIASTAP	CORIFACT <b>HEMLIBRA*</b> TRETEN	

**FIBROMYALGIA/NEUROPATHIC PAIN AGENTS**

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

	<p>ciprofloxacin tablets levofloxacin tablets</p>	<p>AVELOX (moxifloxacin) BAXDELA (delaflozacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a preferred agent in past 30 days</li> </ul> <p><b>Cipro Suspension for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• Cystic Fibrosis <b>OR</b></li> <li>• Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months             <ul style="list-style-type: none"> <li>◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> </ul> <p><b>Levaquin solution for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> <li>• Cipro suspension in the past 3 months</li> </ul>
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## GAUCHER'S DISEASE

	<p>ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)</p>	<p>CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)</p>	
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## GENITAL WARTS & ACTINIC KERATOSIS AGENTS

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ALDARA (imiquimod) <sup>Age Edit</sup>  
CONDYLOX (podofilox) <sup>Age Edit</sup>  
podofilox <sup>Age Edit</sup>

CARAC (fluorouracil)  
diclofenac 3% gel  
imiquimod <sup>Age Edit</sup>  
EFUDEX (fluorouracil)  
fluorouracil 0.5% cream  
fluorouracil 5% cream  
PICATO (ingenol) <sup>Age Edit</sup>  
SOLARAZE (diclofenac)  
TOLAK (fluorouracil)  
VEREGEN (sinecatechins) <sup>Age Edit</sup>  
ZYCLARA (imiquimod) <sup>Age Edit</sup>

### Minimum Age Limit

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

## GLUCOCORTICOIDS (Inhaled) <sup>SmartPA</sup>

### GLUCOCORTICOIDS

**ASMANEX TWISTHALER (mometasone)**  
budesonide 0.25mg and 0.5mg  
**FLOVENT DISKUS (fluticasone)**  
**FLOVENT HFA (fluticasone)**  
  
PULMICORT FLEXHALER (budesonide)  
QVAR REDHALER (beclomethasone dipropionate)

AEROSPAN (flunisolide)  
ALVESCO (ciclesonide)  
ARMONAIR RESPICLICK (fluticasone)  
ARNUITY 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 Respiclick (fluticasone/salmeterol)  
BREO ELLIPTA (fluticasone/vilanterol)  
budesonide/formoterol  
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

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020  
Version 2020.6a  
Updated: 01-17-2020

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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)  
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

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## GROWTH HORMONE SmartPA

NORDITROPIN (somatropin)  
NUTROPIN AQ (somatropin)

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

### All Agents for Age ≥ 18 years

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

### Non-Preferred Criteria

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

## H. PYLORI COMBINATION TREATMENTS

PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)

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

### Quantity Limit

- 1 treatment course/year

## HEPATITIS B TREATMENTS

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

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

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## HEPATITIS C TREATMENTS

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

COPEGUS (ribavirin)  
DAKLINZA (daclatasvir) <sup>∞</sup>  
EPCLUSA (sofosbuvir/velpatasvir) <sup>∞</sup>  
HARVONI (ledipasvir/sofosbuvir)<sup>∞</sup>  
ledipasvir/sofosbuvir<sup>∞</sup>  
MODERIBA (ribavirin)  
OLYSIO (simeprevir)  
REBETOL (ribavirin)  
RIBASPHERE (ribavirin)  
RIBASPHERE RIBAPAK DOSEPACK (ribavirin)  
ribavirin capsules  
SOVALDI (sofosbuvir)<sup>∞</sup>  
TECHNIVIE (ombitasvir/paritaprevir/ritonavir)  
VIEKIRA (ombitasvir/paritaprevir/ritonavir)  
VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)  
VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)<sup>∞</sup>  
**ZEPATIER (elbasvir/grazoprevir)<sup>∞</sup>**

<sup>∞</sup> **Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – [MANUAL PA](#)**

Note: Harvoni and Sovaldi have FDA pediatric indications

## 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)

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## HYPERURICEMIA & GOUT SmartPA

	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) GLOPERBA (colchicines) <sup>NR</sup> MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Zurampic Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried a xanthine oxidase inhibitor in the past 6 months <b>AND</b></li> <li>Concurrent use with a xanthine oxidase inhibitor per PI</li> </ul>
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## HYPOGLYCEMICS, BIGUANIDES SmartPA

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

	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin)	<p><b>MANUAL PA</b></p> <ul style="list-style-type: none"> <li>Required with concomitant use of GLP-1 product in the past 30 days <b>OR</b></li> <li>Addition of a fourth concurrent oral</li> </ul>
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TRADJENTA (linagliptin)

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

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

**Kombiglyze XR and Onglyza Criteria**

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

## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

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

ADLYXIN (lixisenatide)  
BYDUREON BCISE (exenatide)  
OZEMPIC (semaglutide)  
RYBELSUS (semaglutide)<sup>NR</sup>  
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
  - 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

**Symlin is excluded from all criteria**

## HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMULIN R U500 VIAL (insulin)  
**insulin aspart**

AFREZZA (insulin)  
ADMELOG (insulin lispro)

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

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insulin aspart kwikpen  
insulin aspart mix  
insulin aspart mix kwikpen  
Insulin lispro  
insulin lispro kwikpen  
LANTUS SOLOSTAR & VIAL (insulin glargine)  
LEVEMIR FLEXPEN & VIAL (insulin detemir)

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)  
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)

### 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

[For a full listing of covered OTC insulin products](#)

## HYPOGLYCEMICS, MEGLITINIDES <sup>SmartPA</sup>

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

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- in the past 30 days
- o Combination agents count as 2 classes

## HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

### HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin)  
JARDIANCE (empagliflozin)

INVOKANA (canagliflozin)  
RYBELSUS (semaglutide)<sup>NR</sup>  
STEGLATRO (ertugliflozin)

**MANUAL PA**

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

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

SYNJARDY (empagliflozin/metformin)

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

## HYPOGLYCEMICS, TZDS

### THIAZOLIDINEDIONES

pioglitazone

ACTOS (pioglitazone)  
AVANDIA (rosiglitazone)

**MANUAL PA**

- Addition of a fourth concurrent oral agent in a different drug class
  - o 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
<b>TZD COMBINATIONS</b>			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
<b>IDIOPATHIC PULMONARY FIBROSIS</b> <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		<b>All Agents</b> • Documented diagnosis Idiopathic Pulmonary Fibrosis <b>Esbriet &amp; OFEV</b> • No concurrent therapy with either agent
<b>IMMUNOSUPPRESSIVE (ORAL)</b> <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine)	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	<b>Minimum Age Limit</b> • 13 years - Rapamune • 18 years - Zortress  <b>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</b> • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis

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RAPAMUNE (sirolimus)  
SANDIMMUNE (cyclosporine)  
sirolimus  
tacrolimus  
ZORTRESS (everolimus)

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

**IMMUNE GLOBULINS**

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

ASCENIV<sup>NR</sup>  
BIVIGAM  
CABLIVI  
CUTAQUIG  
CUVITRU  
GAMMAGARD SD  
GAMMAPLEX

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EFFECTIVE 01/01/2020

Version 2020.6a

Updated: 01-17-2020

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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HYQVIA  
OCTAGAM  
PANZYGA

PRIVIGEN  
XEMBIFY<sup>NR</sup>

## INTRANASAL RHINITIS AGENTS

### ANTICHOLINERGICS

ipratropium

ATROVENT (ipratropium)

### ANTIHISTAMINES

azelastine

ASTEPRO (azelastine)  
olopatadine  
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)

#### Non-Preferred Criteria

- Documented diagnosis for allergic rhinitis **AND**
- Have tried 1 different preferred agent in the past 6 months

#### Budesonide

*Smart PA will be issued for pregnant women.*

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

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## 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)  
TRULANCE (plecanatide)  
**ZELNORM (tegaserod)**

#### Minimum Age Limit All Subclasses

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

#### Gender Limits

- **Female** - Amitiza 8mcg

#### Chronic Idiopathic Constipation (CIC)

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

#### All CIC Agents:

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

#### Non-Preferred CIC Agents

- Above CIC criteria **AND**
- 30 days of therapy with 2 preferred agents in the past 6 months **OR**
- 1 claim with the same agent in the past 105 days

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

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- the past 30 days
- HIV/AIDS Non-infectious Diarrhea**  
FULYZAQ, MYTESI
  - Documented diagnosis of HIV/AIDS in the past year **AND**
  - Documented diagnosis of non-infectious diarrhea in the past year **AND**
  - 1 claim for an antiretroviral in the past 30 days
- Short Bowel Syndrome (SBS)**  
GATTEX, NUTRESTORE, ZORBITIVE
- Gattex or Zorbtive**
  - 1 claim for the same agent in the past 105 days **OR**
  - **MANUAL PA** - All new patients require manual review.
- Nutrestore - MANUAL PA**

**LEUKOTRIENE MODIFIERS** SmartPA

	montelukast granules montelukast tablets <b>zafirlukast</b>	<b>ACCOLATE (zafirlukast)</b> SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	<b>Minimum Age Limit</b> • 12 years – Zylfo & Zylfo CR  <b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
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**LIPOTROPICS, OTHER (NON-STATINS)** SmartPA

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## BILE ACID SEQUESTRANTS

cholestyramine  
colestipol

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

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

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 statin or statin combination agent in the past year **OR**
- One of the following exceptions:
  - Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
  - Pregnant female **OR**
  - Documented diagnosis of liver disease **OR**
  - Documented diagnosis for hypertriglyceridemia **OR**
  - Clinical justification a statin or statin combination product cannot be used

**Non-Preferred Criteria**

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

## OMEGA-3 FATTY ACIDS

omega 3 acid ethyl esters

LOVAZA (omega-3-acid ethyl esters)  
VASCEPA (icosapent ethyl)

**Non-Preferred Criteria**

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

## CHOLESTEROL ABSORPTION INHIBITORS

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

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

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	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
<b>EPINEPHRINE</b>			
	epinephrine autoinject pens (labeler 49502) <b>SYMJEPI (epinephrine)</b>	ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	<b>Quantity Limits</b> • 2 kits/31 days
<b>MISCELLANEOUS</b>			
	alprazolam hydroxyurea hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER ENDARI (glutamine) hydroxyprogesterone caproate hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) OXBRYTA (voxelotor) <sup>NR</sup> SIKLOS (hydroxyurea) VISTARIL (hydroxyzine pamoate)	<b>Alprazolam ER CUMULATIVE quantity limit</b> • 31 tablets/31 days  <b>Hydroxyzine hcl 10mg tablets</b> • 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
<b>SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY</b>			
		GRASTEK ORALAIR RAGWITEK	
<b>SUBLINGUAL NITROGLYCERIN</b>			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	

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## MOVEMENT DISORDER AGENTS SmartPA

	<p>INGREZZA (valbenazine) tetrabenazine</p>	<p>AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)</p>	<p><b>Ingrezza:</b></p> <ul style="list-style-type: none"> <li>• <b>MANUAL PA</b></li> </ul> <p><b>tetrabenazine:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Huntington's Chorea</li> </ul> <p><b>Non-Preferred Criteria</b></p> <p><b>Austedo:</b></p> <ul style="list-style-type: none"> <li>• <b>MANUAL PA</b> for diagnosis of tardive dyskinesia <b>OR</b></li> <li>• Documented diagnosis of Huntington's Chorea <b>AND</b></li> <li>• 30 days of therapy with preferred tetrabenazine in the past 6 months</li> </ul>
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## MULTIPLE SCLEROSIS AGENTS SmartPA

	<p>AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) <b>dalfampridine</b> GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)</p>	<p>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) VUMERITY (diroximel fumarate)<sup>NR</sup> ZINBRYTA (daclizumab)</p>	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of multiple sclerosis</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 3 claims with the requested agent in the last 105 days</li> </ul> <p><b>Mavenclad – MANUAL PA</b></p> <p><b>Mayvent – MANUAL PA</b></p>
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## MUSCULAR DYSTROPHY AGENTS

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		EMFLAZA (deflazacort) EXONDYS (eteplirsen) VYONDYS (golodirsen) <sup>NR</sup>	Exondys- <a href="#">MANUAL PA</a>
<b>NSAIDS</b> <small>SmartPA</small>			
<b>NON-SELECTIVE</b>			
	diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) <sup>NR</sup> SPRIX NASAL SPRAY (ketorolac)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>
<b>COX II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	<b>Non-Preferred Criteria – COX II</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis <b>AND</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent <b>OR</b></li> <li>• Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder</li> </ul>

## OPHTHALMIC ANTIBIOTICS

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	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBEX drops (tobramycin) TOBEX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)
<b>ANTIBIOTIC STEROID COMBINATIONS</b>		
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone)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

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(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  
PRED MILD (prednisolone)  
VEXOL (rimexolone)

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)  
PRED FORTE (prednisolone)  
PROLENSA (bromfenac)  
VOLTAREN (diclofenac)

### Non-Preferred Criteria

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

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

ALREX (loteprednol)  
azelastine  
cromolyn  
olopatadine 0.1%  
olopatadine 0.2%

ALAMAST (pemirolast)  
ALOCRIL (nedocromil)  
ALOMIDE (iodoxamide)  
BEPREVE (bepotastine)  
ELESTAT (epinastine)  
EMADINE (emedastine)  
epinastine  
LASTACAPT (alcaftadine)  
OPTIVAR (azelastine)

### Non-Preferred Criteria

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PATADAY (olopatadine)  
PATANOL (olopatadine)  
PAZEO (olopatadine)

## OPHTHALMIC, DRY EYE AGENTS

RESTASIS droperette (cyclosporine)

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

### Minimum Age Limit

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

### Quantity Limits

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

### Non-Preferred Criteria:

- History of 4 claims for Restasis in the past 6 months

## OPHTHALMIC, GLAUCOMA AGENTS <sup>SmartPA</sup>

### BETA BLOCKERS

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)

### Non-Preferred Criteria

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

### CARBONIC ANHYDRASE INHIBITORS

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	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)
<b>COMBINATION AGENTS</b>		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) <b>SIMBRINZA (brinzolamide/brimonidine)</b>
<b>PARASYMPATHOMIMETICS</b>		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)
<b>PROSTAGLANDIN ANALOGS</b>		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (lantanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)
<b>RHO KINASE INHIBITORS/COMBINATIONS</b>		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)	
<b>SYMPATHOMIMETICS</b>		

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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)<sup>SmartPA</sup>

buprenorphine tablets  
BUNAVAIL (buprenorphine/naloxone)  
buprenorphine/naloxone films all other labelers  
LUCEMYRA (lofexidine)  
PROBUPHINE (buprenorphine)  
SUBLOCADE (buprenorphine)  
VIVITROL (naltrexone)  
ZUBSOLV (buprenorphine/naloxone)

**Buprenorphine/Naloxone and buprenorphine:**

**Non-Preferred Criteria:**

- Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone

**Bunavail**

*NOTE: Bunavail is not indicated for induction therapy*

- 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)

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## OTIC ANTIBIOTICS

	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <sup>Age Edit</sup> COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<b>Maximum Age Limit</b> • 9 years - Cipro HC
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## PANCREATIC ENZYMES <sup>SmartPA</sup>

	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
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## PARATHYROID AGENTS

	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
--	--	---	--

## PHOSPHATE BINDERS

	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate)	
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sevelamer carbonate powder packets  
sevelamer HCl  
VELPHORO (sucroferric oxyhydroxide)

## PLATELET AGGREGATION INHIBITORS SmartPA

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

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

### Zontivity – MANUAL PA

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

### Non-Preferred Criteria

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

## PLATELET STIMULATING AGENTS

PROMACTA (eltrombopag olamine)

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

## PRENATAL VITAMINS

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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

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

### 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

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

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020  
Version 2020.6a  
Updated: 01-17-2020

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### SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI (selexipag)

**Non-Preferred Criteria**

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

### SOLUBLE GUANYLATE CYCLASE STIMULATORS

ADEMPAS (riociguat)

**Adempas**

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

## ROSACEA TREATMENTS

metronidazole (cream, gel, lotion)

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

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

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		SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	
<b>SEDATIVE HYPNOTICS</b>			
<b>BENZODIAZEPINES</b> SmartPA			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.  <b>MS DOM Opioid Initiative</b> • Concomitant use of Opioids and Benzodiazepines <a href="#">Criteria details found here</a>  <b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • <b>31 units/31 days</b> - all strengths  <b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths • <b>10 units/31 days</b> • <b>60 units/365 days</b>
<b>OTHERS</b> SmartPA			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant)	<b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy</i>

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doxepin  
EDLUAR (zolpidem)  
eszopiclone  
HETLIOZ (tasimelteon)  
INTERMEZZO (zolpidem)  
LUNESTA (eszopiclone)  
ramelteon  
ROZEREM (ramelteon)  
SILENOR (doxepin)  
SONATA (zaleplon)  
zolpidem ER  
zolpidem SL  
ZOLPIMIST (zolpidem)

*change per year.*

- **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

**Hetlioz**

- 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)
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### 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
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**Non-Preferred Criteria**

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

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	estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) 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)
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## 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 (orphenedrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)
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**Non-Preferred Agents**

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

**Carisoprodol**

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

**Quantity Limits**

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

**Carisoprodol with codeine**  
MANUAL PA

## SMOKING DETERRENT

NICOTINE TYPE	
nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY

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NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<p><b>Minimum Age Limit - Chantix</b></p> <ul style="list-style-type: none"> <li>• 18 years</li> </ul> <p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>• Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year</li> <li>• Chantix Starter – 2 treatment courses/year</li> </ul>
STERIODS (Topical) <small>SmartPA</small>			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred low potency agents in the past 6 months</li> </ul>
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	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred medium potency agents in the past 6 months</li> </ul>

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		SYNALAR (fluocinolone)	
<b>HIGH POTENCY</b>			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred high potency agents in the past 6 months</li> </ul>
<b>VERY HIGH POTENCY</b>			
	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)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred very high potency agents in the past 6 months</li> </ul>

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OLUX (clobetasol)  
OLUX-E (clobetasol)  
TEMOVATE Cream (clobetasol propionate)  
TEMOVATE Ointment (clobetasol propionate)  
TOVET Foam (clobetasol)<sup>NR</sup>  
ULTRAVATE Cream, Lotion (halobetasol)  
ULTRAVATE Ointment (halobetasol)

## STIMULANTS AND RELATED AGENTS SmartPA

### SHORT-ACTING

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

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

#### Minimum Age Limit

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

#### Maximum Age Limit

- **18 years** – Evekeo ODT

#### Quantity Limits

- Applicable quantity limit per rolling days
- **62 tablets/31 days** –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi
  - **310 mL/31 days** – Methylin solution, Procentra

**Documented diagnosis of ADHD – ALL SA AGENTS**

**Non-Preferred Criteria ADD/ADHD:**

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- 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**
- 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 (dexmethylphenidate)  
methylphenidate CD (generic Metadate CD)  
methylphenidate ER (generic Concerta)  
**methylphenidate ER Tabs (generic Ritalin SR)**

ADDERALL XR (amphetamine salt combination)  
**ADHANSIA XR (methylphenidate)**  
ADZENYS XR ODT (amphetamine)  
ADZENYS ER SUSPENSION (amphetamine)  
CONCERTA (methylphenidate)  
COTEMPLA XR-ODT (methylphenidate)  
DAYTRANA (methylphenidate)

**Minimum Age Limit**

- **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,

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modafinil  
QUILLICHEW (methylphenidate)  
QUILLIVANT XR (methylphenidate)  
VYVANSE (lisdexamfetamine)  
VYVANSE CHEWABLE (lisdexamfetamine)

DEXEDRINE (dextroamphetamine)  
dexmethylphenidate 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)**

Quillichew, Quillivant XR, Ritalin LA, Vyvanse  

- **13 years** – Mydayis
- **16 years** – Provigil
- **18 years** – Nuvigil, Sunosi

**Maximum Age Limit**

- **18 years** – Cotelpla XR ODT, Daytrana

**Quantity Limits**

Applicable quantity limit per rolling days  

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

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

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.6a

Updated: 01-17-2020

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.

**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, 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**

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

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- **124 tablets/31 days** – Kapvay
- Intuniv**
- Have tried the short acting guanfacine in the past 6 months **OR**
  - 1 claim for a 30 day supply with guanfacine ER in the past 105 days
- Kapvay**
- Diagnosis for ADD or ADHD **AND**
  - Have tried 1 Short or Long Acting stimulant in the past 6 months **OR**
  - Have tried 1 preferred Non-Stimulant in the past 6 months **OR**
  - Have tried the short acting product in the past 6 months
- Wakix**
- Diagnosis of narcolepsy without cataplexy **AND**
  - 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **OR** -
  - Documented diagnosis of narcolepsy without cataplexy or substance abuse disorder

## TETRACYCLINES SmartPA

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

ACTICLATE (doxycycline)  
ADOXA (doxycycline monohydrate)  
demeclocycline  
doxycycline hyclate (generic Doryx)

- Non-Preferred Agents**
- Have tried 2 different preferred agents in the past 6 months
- Demeclocycline**

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

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

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

### ORAL

APRISO (mesalamine)  
balsalazide  
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)

### Gender Limits

- Male - Giazio

### Non-Preferred Criteria

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

### budesonide EC

- Documented diagnosis for Crohn's

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

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