

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2020

Version 2020.1a

Updated: 06-4-2020

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

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		tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
		COMBINATION DRUGS/OTHERS	
	adapalene/benzoyl peroxide benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	ACANYA (benzoyl peroxide/clindamycin) AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/clindamycin) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) EPIDUO FORTE (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
		KERATOLYTICS (BENZOYL PEROXIDES)	
	benzoyl peroxide	BPO (benzoyl peroxide)	

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

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

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MAGNACET (oxycodone/APAP)

meperidine solution

meperidine tablet

NALOCET (oxycodone/APAP)

NORCO (hydrocodone/APAP)

NUCYNTA (tapentadol)

ONSOLIS (fentanyl)

OPANA (oxymorphone)

OXAYDO (oxycodone)

pentazocine/naloxone

PERCOCET (oxycodone/APAP)

PERCODAN (oxycodone/ASA)

PRIMLEV (oxycodone/APAP)

REPREXAIN (hydrocodone/ibuprofen)

ROXICET (oxycodone/acetaminophen)

ROXICODONE (oxycodone)

ROXYBOND (oxycodone)

RYBIX (tramadol)

SUBSYS (fentanyl)

SYNALGOS-DC (dihydrocodeine/ aspirin/cafeine)

TYLENOL W/CODEINE (APAP/codeine)

TYLOX (oxycodone/APAP)

ULTRACET (tramadol/APAP)

ULTRAM (tramadol)

VICODIN (hydrocodone/APAP)

VICOPROFEN (hydrocodone/ibuprofen)

XODOL (hydrocodone/acetaminophen)

ZAMICET (hydrocodone/APAP)

ZOLVIT (hydrocodone/APAP)

ZYDONE (hydrocodone/acetaminophen)

oxymorphone, pentazocine,
tapentadol, tramadol

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

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 Limit

Applicable quantity limit per rolling days

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

Non-Preferred Criteria

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

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

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		TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate)	
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <i>single entity</i> 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) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ)	<p>Non-Preferred Criteria</p> <p>ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <i>ACE/CCB</i> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>ACE Inhibitor/Diuretic</p>

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		ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	irbesartan losartan olmesartan telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	ARB COMBINATIONS		
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ	Entresto <ul style="list-style-type: none"> Age ≥ 18 years AND Documented diagnosis of heart failure OR Age ≥ 1 year AND Documented diagnosis of heart failure with systemic ventricular systolic dysfunction Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic

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

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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	
ANTIBIOTICS (MISCELLANEOUS)			
	KETOLIDES		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR clarithromycin suspension E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN SUSPENSION (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin)	

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	erythromycin	ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	OXAZOLIDINONES		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
	PLEUROMUTLINS		
		XENLETA (lefamulin) ^{NR}	
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/polymyxin/Hc) mupirocin cream XEPI (ozenoxacin) ^{NR}	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream	

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	metronidazole vaginal	METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<p><u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee replacement AND duration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none"> Documented diagnosis of coronary artery disease OR Documented diagnosis of peripheral artery disease AND

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			<ul style="list-style-type: none"> History of therapy with aspirin in the past 30 days AND History of 90 days therapy with anti-platelet agent in the past year OR History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Documented diagnosis of cancer OR Female and age 8 to 51 years OR NO LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Duration of therapy is < 17 days OR Documented diagnosis of cancer OR Female and age 8 to 51 years OR Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days

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			LMWH Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 different preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTICONVULSANTS SmartPA			
	ADJUVANTS		
	carbamazepine carbamazepine suspension carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine)	Minimum Age Limit <ul style="list-style-type: none"> 1 year - Banzel 2 years – Diacomit, Epidiolex, Onfi, Sympazan Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Banzel/Onfi/Sympazan <ul style="list-style-type: none"> Documented diagnosis of Lennox-Gastaut AND Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure

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		<p>POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin XCOPRI (cenobamate)^{NR} ZONEGRAN (zonisamide)</p>	<p>Diacomit</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome AND • Active claim for clobazam <p>Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> • Documented diagnosis of infantile spasms OR • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR • 30 day trial with topiramate IR in the past 6 months
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SELECTED BENZODIAZEPINES		Minimum Age Limit <ul style="list-style-type: none">• 12 years – Nayzilam• 6 years – Valtoco Quantity Limit <ul style="list-style-type: none">• 3 Twin Packs/31 days – Diastat• 2 Packages /31 days – Nayzilam• 2 Cartons/31 days - Valtoco
clobazam diazepam rectal gel NAYZILAM (midazolam) ^{NR} VALTOCO (diazepam) ^{NR}	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)	
HYDANTOINS		
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES		
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA		
bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) ^{NR} EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal)	Minimum Age Limit <ul style="list-style-type: none">• 18 years - all drugs• 7-17 years – duloxetine (except Drizalma Sprinkle) <u>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</u>

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	VIIBRYD (vilazodone)	FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<ul style="list-style-type: none"> • 7-11 years – Drizalma Sprinkle <u>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</u> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p>
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)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years - Zoloft • 7 years – Prozac • 8 years - Luvox • 12 years - Lexapro • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p>

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		PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none">• <18 years and 90 consecutive days on citalopram in the past 105 days OR• < 60 years AND max daily dose ≤ 40 mg/day OR• ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<p>Quantity Limit</p> <ul style="list-style-type: none">• 4 tablets/28 days - Varubi• 6 tablets/31 days – Akynzeo• 30 tablets/31 days – Zofran tablets/ODT• 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> <ul style="list-style-type: none">• Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine)	

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		DICLEGIS (doxylamine/pyridoxine)	
		CANNABINOIDS	
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
		NMDA RECEPTOR ANTAGONIST	
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	Varubi - MANUAL PA <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND 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	Minimum Age Limit <ul style="list-style-type: none"> 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^	<p>HIV opportunistic infection</p> <ul style="list-style-type: none"> • Non-Preferred agent indicated for treatment (^) AND • Documented diagnosis of HIV <p>Cresemba - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • 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 <p>Sporanox</p> <ul style="list-style-type: none"> • HIV opportunistic infection criteria OR • Documented diagnosis of a transplant OR • History of an immunosuppressant in the past 6 months OR • Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo nystatin	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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		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) VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months
	cetirizine loratadine	cetirizine chewable CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR			
	ORAL		
	NURTEC ODT (rimegepant) **	UBRELVY (ubrogepant) ^{NR}	Minimum Age Limit <ul style="list-style-type: none">• 18 years - Ubrelvy **Nurtec ODT Preferred with a trial and failure of 2 triptans in the past 90 days -OR- Diagnosis of underlying cardiovascular disease Quantity Limit -Ubrelvy <ul style="list-style-type: none">• 8 tablets/31 days

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INJECTIBLES			
		AIMOVIG (erenumab-aooe) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm)	
ANTIMIGRAINE AGENTS, TRIPTANS & RELATED AGENTS <small>SmartPA</small>			
ORAL			
	rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan RELPAK (eletriptan) REYVOW (lasmiditan) ^{NR} TREXIMET (sumatriptan/naproxen) zolmitriptan zolmitriptan ODT ZOMIG (zolmitriptan)	<p>Minimum Age Limit – ALL FORMULATIONS</p> <ul style="list-style-type: none"> • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Tosymra, Zembrace Symtouch, Zomig tablets <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> • 6 tablets/31 days - Axert, Relpax Zomig • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> <ul style="list-style-type: none"> • Have tried 2 preferred preferred oral agents in the past 90 days <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - Reyvow

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

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GILOTTRIF (afatinib)
ICLUSIG (ponatinib)
imatinib mesylate
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)

BRUKINSA (zanubrutinib)^{NR}
COPIKTRA (duvelisib)
CABOMETYX (cabozantinib s-malate)
CALQUENCE (acalabrutinib)
DAURISMO (glasdegib)
ERLEADA (apalutamide)
FARYDAK (panobinostat)
GLEEVEC (imatinib mesylate)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
INREBIC (fedratinib)^{NR}
KISQALI (ribociclib)
KOSELUGO (selumetinib)^{NR}
LENVIMA (lenvatinib) **SmartPA**
LORBRENA (lorlatinib)
LYNPARZA (olaparib) **SmartPA**
MEKTOVI (binimetnib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)^{NR}
PEMAZYRE (pemigatinib)^{NR}
PIQRAY (apelsisib)
RETEVMO (selpercatinib)^{NR}
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TABRECTA (capmatinib)^{NR}
TAGRISSO (osimertinib)
TALZENNA (talazoparib)
TAZVERIK (tazemetostat)^{NR}
TIBSOVO (ivosidenib)
TUKYSA (tucatinib)^{NR}
VERZENIO (abemaciclib)
VITRAKVI (larotrectinib)
VIZIMPRO (dacomitinib)
XATMEP (methotrexate)

- 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.

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		XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)	Lynparza Capsules - MANUAL PA Lynparza Tablets <ul style="list-style-type: none"> Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer AND history of platinum-based chemotherapy in the past 2 years OR MANUAL PA
ANTIPARASITICS (Topical) SmartPA			
	PEDICULICIDES		
	permethrin 1% NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad ULESFIA (benzyl alcohol)	Minimum Age/Weight Limit for Pediculicides <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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		

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	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	Minimum Age/Weight Limit for Topical Scabicides <ul style="list-style-type: none">• 50 kg - lindane lotion• 2 months – permethrin 5%• 18 years – Eurax Non-Preferred Criteria <ul style="list-style-type: none">• History of permethrin 5% in the past 90 days
ANTIPARKINSON’S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of Parkinson’s disease AND• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
	COMT INHIBITORS		
		COMTAN (entacapone) entacapone TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole)	

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		REQUIP XL (ropinirole) ropinirole ER	
		MAO-B INHIBITORS	
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago: <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of selegiline product in the past 45 days
		OTHERS	
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) ^{NR} OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn and Inbrija <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days Nourianz <ul style="list-style-type: none"> Documented diagnosis of Parkinson's Disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of 30 days therapy with a preferred adjunctive therapy in the past 45 days
ANTIPSYCHOTICS SmartPA			

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ORAL		
amitriptyline/perphenazine	ABILIFY (aripiprazole)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years- Droperidol • 3 years - Haldol • 5 years – Risperdal, thioridazine • 6 years – Abilify, trifluoperazine • 10 years – Latuda, Saphris, Seroquel, Symbyax • 12 years- Molidone, perphenazine, pimozone, thiothixene • 13 years – Zyprexa • 18 years – Abilify Mycrite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Secuado, Vraylar, <p>Concurrent Therapy Limit – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a manual PA <p>Non-Preferred Criteria- Atypical Agents</p> <ul style="list-style-type: none"> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days <p>Nuplazid</p>
aripiprazole	ABILIFY MYCITE (aripiprazole)	
clozapine	ADASUVE (loxapine)	
fluphenazine	aripiprazole solution	
haloperidol	aripiprazole ODT	
olanzapine	CAPLYTA (lumateperone) ^{NR}	
olanzapine ODT	chlorpromazine	
perphenazine	clozapine ODT	
quetiapine	CLOZARIL (clozapine)	
quetiapine XR	FANAPT (iloperidone)	
risperidone	FAZACLO (clozapine)	
risperidone ODT	GEODON (ziprasidone)	
SAPHRIS (asenapine)	HALDOL (haloperidol)	
thioridazine	INVEGA ER (paliperidone)	
thiothixene	LATUDA (lurasidone)	
trifluoperazine	NAVANE (thiothixene)	
ziprasidone	NUPLAZID (pimavanserin)	
	olanzapine/fluoxetine	
	paliperidone ER	
	REXULTI (brexpiprazole)	
	RISPERDAL (risperidone)	
	SEROQUEL (quetiapine)	
	SEROQUEL XR (quetiapine)	
	SYMBYAX (olanzapine/fluoxetine)	
	VERSACLOZ (clonazepam)	
	VRAYLAR (cariprazine)	
	ZYPREXA (olanzapine)	

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			<ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease
	INJECTABLE, ATYPICALS SmartPA		
	ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 18 years – all injectable agents <p>Quantity Limit</p> <ul style="list-style-type: none"> 3 syringes/year – Aristada Initio <p>Long Acting Injectable Agents All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder <p>Abilify Maintena or Risperdal Consta</p> <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder OR Documented diagnosis of bipolar disorder
	TRANSDERMAL, ATYPICALS		
		SECUADO (asenapine) ^{NR}	

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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)
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate EMTRIVA (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	

Stribild – [MANUAL PA](#)

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

Non-Preferred Criteria

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

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	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	Tybost - MANUAL PA
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	
	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)	

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COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	COMPLERA (emtricitabine/rilpivirine/tenofovir)
COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir
CD4 DIRECTED HIV-1 INHIBITOR		
	TROGARZO (ibalizumab)	
ANTIVIRALS (Oral)		
ANTI-CYTOMEGALOVIRUS AGENTS		

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	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	valganciclovir solution – automatic approval for age <12 years Prevymis Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease <ul style="list-style-type: none"> • 18 years or older AND • Post hematopoietic stem cell transplant (HSCT) within the past 28 days AND • CMV sero-positive recipient [R+] AND • NO severe (Child-Pugh Class C) hepatic impairment
ANTI-CYTOMEGALOVIRUS AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTI-INFLUENZA AGENTS			
	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			

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	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	pimecrolimus labeler 68682	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Eucrisa</p> <ul style="list-style-type: none"> • History of 28 days of therapy with a calcineurin inhibitor AND • History of 28 days of therapy with a topical steroid in the past year <p>Dupixent- <u>MANUAL PA</u></p>
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA			

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acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months Non-Preferred Criteria – All Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA- AND ALPHA-BLOCKERS		
carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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

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		GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin)	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis for osteoporosis or osteopenia AND• Have tried 2 different preferred agents in the past 6 months
	alendronate ibandronate risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	
	OTHERS		
		calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin)	

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

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	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	Minimum Age Limit 6 years – Spiriva Respimat Spiriva Respimat • Documented diagnosis of asthma
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) UTIBRON (indacaterol/glycopyrrolate)	ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (aclidinium/formoterol) ^{NR} STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	albuterol HFA PROAIR RESPICLICK (albuterol)	PROAIR DIGIHALER (albuterol) PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	Minimum Age Limit • 4 years - Xopenex HFA Xopenex HFA Criteria • 1 claim for a preferred albuterol inhaler in the past 30 days
INHALERS, LONG ACTING ^{SmartPA}			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Minimum Age Limit • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat Arcapta & Striverdi Respimat

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

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SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>nimodipine</p> <ul style="list-style-type: none"> • Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND • Duration of therapy = 21 days
LONG-ACTING			
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) ^{NR} nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2020

Version 2020.1a

Updated: 06-4-2020

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		verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	Non-Preferred Agents - MANUAL PA
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA			
	cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations

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			<ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit <ul style="list-style-type: none"> 18 years – cefdinir suspension
COLONY STIMULATING FACTORS			
	GRANIX (tbo-filgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIEXTENZO (pegfilgrastim-bmez) ^{NR}	
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)	Minimum Age Limit <ul style="list-style-type: none"> 3 months – Pulmozyme 6 months – Kalydeco Granules 2 years – Coly-Mycin M, Orkambi Granules

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		<p>TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor) ^{NR}</p>	<ul style="list-style-type: none"> • 6 years – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, Symdeko, TOBI, TOBI Podhaler • 7 years – Cayston • 12 years – Orkambi 200/125mg Tablet, Trikafta <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 5 years – Kalydeco and Orkambi Granules <p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis <p>Kalydeco, Orkambi, Symdeco & Trikafta</p> <ul style="list-style-type: none"> • MANUAL PA <p>TOBI Podhaler – MANUAL PA</p> <ul style="list-style-type: none"> • Therapy with a preferred tobramycin nebulizer solution in the past 90 days <p>AND</p> <ul style="list-style-type: none"> • Documented significant impairment with valid clinical reasoning the preferred agent cannot be used
CYTOKINE & CAM ANTAGONISTS			
	<p>COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab)</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab)</p>	<p>Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not</p>

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	methotrexate	ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) ^{NR} SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	be issued at Point of Sale without justification. Cosentyx • ≥ 18 years = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years AND • 90 consecutive days of Humira in the past year
ERYTHROPOIESIS STIMULATING PROTEINS ^{SmartPA}			
	EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) PROCRT (rHuEPO)	Mircera • Documented diagnosis chronic renal failure in the past 2 years Non Preferred Criteria • Documented diagnosis of cancer or chronic renal failure <u>OR</u>

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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
NUWIQ
RECOMBINATE
WILATE
XYNTHA
XYNTHA SOLOFUSE

ADYNOVATE
ELOCTATE
ESPEROCT^{NR}
JIVI
KCENTRA
KOVALTRY
NOVOSEVEN RT
OBIZUR
VONVENDI

FACTOR IX

ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
IXINITY

IDELVION
REBINYN

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	MONONINE PROFILNINE RIXUBIS		Hemlibra 1 claim with the same agent in the past 105 days
OTHER FACTOR PRODUCTS			
	COAGADEX FIBRYGA RIASTAP	CORIFACT HEMLIBRA* TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) SmartPA LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	Cymbalta and Irenka (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine
FLUOROQUINOLONES (Oral) SmartPA			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution	Non-Preferred Criteria <ul style="list-style-type: none">• 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none">• Anthrax infection or exposure OR• Cystic Fibrosis OR• Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR

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		moxifloxacin NOROXIN (norfloxacin) ofloxacin	<ul style="list-style-type: none"> 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"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> Anthrax infection or exposure OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) Age Edit CONDYLOX (podofilox) Age Edit podofilox Age Edit	CARAC (fluorouracil) diclofenac 3% gel imiquimod Age Edit EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) Age Edit SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) Age Edit	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Aldara 18 years – Condylox, Picato, Veregen

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		ZYCLARA (imiquimod) <small>Age Edit</small>	
GLUCOCORTICOIDS (Inhaled) <small>SmartPA</small>			
	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 <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months <p><i>NOTE:</i> Institutional sized products are Non-Preferred</p>
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol SYMBICORT (budesonide/formoterol)	ADVAIR DISKUS (fluticasone/salmeterol) AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol WIXELA INHUB (fluticasone/salmeterol)	Non-Preferred Criteria <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 2 different preferred agents in the past 6 months
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine solution famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine)	

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PROTON PUMP INHIBITORS			
	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole	
OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBIVE (somatropin)	<p>All Agents for Age ≥ 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR Documented procedure of cranial irradiation <p>Non-Preferred Criteria</p>

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

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		ribavirin capsules SOVALDI (sofosbuvir) [∞] TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) [∞] ZEPATIER (elbasvir/grazoprevir) [∞]	
HEREDITARY ANGIOEDEMA			
		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT SmartPA			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) GLOPERBA (colchicine) ^{NR} MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months Zurampic Criteria <ul style="list-style-type: none"> Have tried a xanthine oxidase inhibitor in the past 6 months AND Concurrent use with a xanthine oxidase inhibitor per PI
HYPOGLYCEMICS, BIGUANIDES SmartPA			

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2020

Version 2020.1a

Updated: 06-4-2020

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	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Riomet Solution</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSEN (alogliptin/pioglitazone)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Required with concomitant use of GLP-1 product in the past 30 days OR • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes

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			Kombiglyze XR and Onglyza Criteria <ul style="list-style-type: none"> 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) ^{NR} SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	MANUAL PA <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Symlin is excluded from all criteria</p>
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMULIN R U500 VIAL (insulin) insulin aspart insulin aspart flexpen insulin aspart mix	AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. Non-Preferred Criteria

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	insulin aspart mix flexpen Insulin lispro insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir)	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)	<ul style="list-style-type: none"> • 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 <p>For a full listing of covered OTC insulin products</p>
HYPOGLYCEMICS, MEGLITINIDES SmartPA			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	<p><u>MANUAL PA</u></p> <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days

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			<ul style="list-style-type: none">○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		<u>MANUAL PA</u> <ul style="list-style-type: none">• Addition of a fourth concurrent oral agent in a different drug class<ul style="list-style-type: none">○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
	FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
	SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUOMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDYXR(empagliflozin/linagliptin/metformin) ^{NR} XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			

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THIAZOLIDINEDIONES			MANUAL PA <ul style="list-style-type: none"> Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate)	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus)	

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

MYFORTIC (mycophenolic acid)
PROGRAF (tacrolimus)

Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf

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

Azasan

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

Gengraf, Neoral, Sandimmune

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

Myfortic

- Documented diagnosis of kidney transplant or psoriasis

Rapamune

- Documented diagnosis of kidney transplant

Zortress

- Documented diagnosis of kidney transplant or liver transplant

IMMUNE GLOBULINS

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	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	ASCENIV ^{NR} BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTI-HISTAMINES		
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
	ANTI-HISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone)	Non-Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 1 different preferred agent in the past 6 months

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		OMNARIS (ciclesonide) QNASL (beclomethasone) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	Budesonide <u>Smart PA will be issued for pregnant women.</u> • A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	deferasirox all strenghts FERRIPROX (deferiprone)	EXJADE (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 Limit • 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

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

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			<ul style="list-style-type: none"> • 1 claim with the same agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>
	SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<p>Carcinoid Syndrome Agent XERMELO</p> <ul style="list-style-type: none"> • Documented diagnosis of carcinoid syndrome in the past year AND • 1 claim for a somatostatin analog in the past 30 days <p>HIV/AIDS Non-infectious Diarrhea FULYZAQ, MYTESI</p> <ul style="list-style-type: none"> • Documented diagnosis of HIV/AIDS in the past year AND • Documented diagnosis of non-infectious diarrhea in the past year AND • 1 claim for an antiretroviral in the past 30 days <p>Short Bowel Syndrome (SBS)</p>

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			<p>GATTEX, NUTRESTORE, ZORBTIVE</p> <p>Gattex or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Nutrestore - <u>MANUAL PA</u></p>
LEUKOTRIENE MODIFIERS SmartPA			
	montelukast granules montelukast tablets zafirlukast	ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Zyflo & Zyflo CR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (NON-STATINS) SmartPA			
ACL INHIBITOR			
		NEXLETOL(bempedoic acid) ^{NR}	
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 daysOR

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2020

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			<ul style="list-style-type: none"> Have tried 1 statin or statin combination agent in the past year OR One of the following exceptions: <ul style="list-style-type: none"> 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 <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ezetimibe	ZETIA (ezetimibe)	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			

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	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	Fibric Acid Derivative Non-Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	MANUAL PA
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	MANUAL PA
NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR			
		PRALUENT (alirocumab) REPATHA (evolocumab)	MANUAL PA

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LIPOTROPICS, STATINS SmartPA

STATINS

atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

ALTOPREV (lovastatin)
CRESTOR (rosuvastatin)
EZALLOR SPRINKLE (rosuvastatin)
FLOLIPID (simvastatin)
fluvastatin ER
fluvastatin
LESCOL (fluvastatin)
LESCOL XL (fluvastatin)
LIPITOR (atorvastatin)
LIVALO (pitavastatin)
MEVACOR (lovastatin)
PRAVACHOL (pravastatin)
ZOCOR (simvastatin)
ZYPITAMAG (pitavastatin)

Simvastatin 80mg

- 12 months of therapy with simvastatin 80mg **AND**
- NO myopathy contraindication

Non-Preferred Criteria

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

STATIN COMBINATIONS

ezetimibe/simvastatin
SIMCOR (simvastatin/niacin)

ADVICOR (lovastatin/niacin)
atorvastatin/amlodipine
CADUET (atorvastatin/amlodipine)
LIPTRUZET (atorvastatin/ezetimibe)
VYTORIN (simvastatin/ezetimibe)

Non-Preferred Criteria

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

MISCELLANEOUS BRAND/GENERIC

CLONIDINE

clonidine patches
clonidine tablets

CATAPRES (clonidine)
CATAPRES-TTS (clonidine)

EPINEPHRINE

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	epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	Quantity Limit • 2 kits/31 days Alprazolam ER CUMULATIVE quantity limit • 31 tablets/31 days <u>Hydroxyzine hcl 10mg tablets</u> • 6-12 years - <u>Smart PA will automatically be issued for this age range</u>
	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER hydroxyprogesterone caproate hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	
	SICKLE CELL THERAPY		
	hydroxyurea	ADAKVEO (crizanlizumab) ^{NR} DROXIA (hydroxyurea) ENDARI (glutamine) HYDREA (hydroxyurea) ^{NR} OXBRYTA (voxelotor) ^{NR} SIKLOS (hydroxyurea)	
	SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY		
		GRASTEK ORALAIR RAGWITEK	
	SUBLINGUAL NITROGLYCERIN		

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	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS SmartPA			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	<p>Ingrezza:</p> <ul style="list-style-type: none"> • MANUAL PA <p>tetrabenazine:</p> <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea <p>Non-Preferred Criteria</p> <p>Austedo:</p> <ul style="list-style-type: none"> • MANUAL PA for diagnosis of tardive dyskinesia OR • Documented diagnosis of Huntington's Chorea AND • 30 days of therapy with preferred tetrabenazine in the past 6 months
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a)	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 3 claims with the requested agent in the last 105 days <p>Mavenclad – MANUAL PA</p>

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		TECFIDERA (dimethyl fumarate) VUMERITY (dioxime fumarate) ^{NR}	Mayvent – MANUAL PA
MUSCULAR DYSTROPHY AGENTS			
		EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VYONDYS 53 (golodirsen) ^{NR}	Exondys- MANUAL PA
NSAIDS SmartPA			
	NON-SELECTIVE		
	diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg 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)	Non-Preferred Criteria • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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

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			GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone	BLEPHAMIDE (sulfacetamide/prednisolone) drops,oint	

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	PRED-G (gentamicin/prednisolone)drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac loteprednol etabonate MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate 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 (lodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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	EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIAE (cetirizine) ^{NR}
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	<p>RESTASIS droperette (cyclosporine)</p> <p>CEQUA (cyclosporine 0.09%)</p> <p>RESTASIS Multidose (cyclosporine)</p> <p>XIIDRA (lifitegrast)^{Smart PA}</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa <p>Quantity Limit</p> <ul style="list-style-type: none"> • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> • History of 4 claims for Restasis in the past 6 months
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BETA BLOCKERS		
BETIMOL (timolol) carteolol	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol)	Non-Preferred Criteria • 2 different preferred agents in the past 6 months OR

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	ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	<ul style="list-style-type: none">• 90 consecutive days on the requested agent in the past 105 days
	CARBONIC ANHYDRASE INHIBITORS		
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) SIMBRINZA (brinzolamide/brimonidine)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (lantanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	

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	RHO KINASE INHIBITORS/COMBINATIONS		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
	SYMPATHOMIMETICS		
	brimonidine 0.2%	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	buprenorphine/naloxone film labeler 52427 buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films all other labelers LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<p><u>Buprenorphine/Naloxone and buprenorphine:</u></p> <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone provider summary found here

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			Probuphine, Sublocade, Vivitrol - MANUAL PA
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> COLY-MYCIN S (colistin/neomycin/ hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	Maximum Age Limit • 9 years - Cipro HC
PANCREATIC ENZYMES <small>SmartPA</small>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	

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PHOSPHATE BINDERS

	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) REVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
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PLATELET AGGREGATION INHIBITORS SmartPA

	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin (labeler70436) pentoxifylline prasugrel	dipyridamole/aspirin all other labelers DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	Zontivity – MANUAL PA <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
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PLATELET STIMULATING AGENTS

	PROMACTA (eltrombopag olamine)	DOPTelet (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) TAVALLISSE (fostamatinib disodium)	
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PRENATAL VITAMINS

	COMPLETE NATAL DHA CONCEPT DHA Capsule PRENATA CHEWABLE Tablet PRENATAL PLUS Tablet PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet TRINATAL Rx 1 Tablet TRIVEEN-DUO DHA COMBO PACK	Products not listed here are assumed to be Non-Preferred.	
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PSEUDOBULBAR AFFECT AGENTS

		NUEDEXTA (dextromethorphan/quinidine)	Non-Preferred Criteria • 90 consecutive days on the requested agent in the past 105 days OR • Documented diagnosis for Pseudobulbar Affect
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PULMONARY ANTIHYPERTENSIVES^{SmartPA}

ENDOTHELIN RECEPTOR ANTAGONIST			
	ambrisentan TRACLEER (bosentan) Tablets	bosentan LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension	All PAH Agents – Preferred and Non-Preferred • Documented diagnosis of pulmonary hypertension

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

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

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ROSACEA TREATMENTS

	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFACE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥ 21 years. Other labeled indications are limited to <21 years.
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SEDATIVE HYPNOTICS

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

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			<p>Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days - all strengths <p>Triazolam – CUMULATIVE</p> <p>Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> • 10 units/31 days • 60 units/365 days
		OTHERS SmartPA	
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	<p>Quantity Limit – CUMULATIVE</p> <p>Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female <p>Gender and Dose Limit for zolpidem</p> <ul style="list-style-type: none"> • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Hetlioz</p>

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			<ul style="list-style-type: none"> • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
	INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	INTRAVAGINAL CONTRACEPTIVES		
	etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)		
	ORAL CONTRACEPTIVES SmartPA		
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol)	Non-Preferred Criteria <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days

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		<p>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)</p>	
SKELETAL MUSCLE RELAXANTS SmartPA			
	<p>baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets</p>	<p>AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine)</p>	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> Documented diagnosis for an approvable indication AND Have tried 2 different preferred agents in the past 6 months <p>Carisoprodol</p> <ul style="list-style-type: none"> Documented diagnosis of acute musculoskeletal condition AND

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		<p>LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)</p>	<ul style="list-style-type: none"> • 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 Limit <ul style="list-style-type: none"> ○ 18 tablets - to allow tapering off ○ 84 tablets/6 months <p>Carisoprodol with codeine <u>MANUAL PA</u></p>
SMOKING DETERRENT			
	NICOTINE TYPE		
	<p>nicotine gum nicotine lozenge nicotine patch</p>	<p>NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY</p>	
	NON-NICOTINE TYPE		
	<p>bupropion ER CHANTIX (varenicline)</p>	<p>ZYBAN (bupropion)</p>	<p>Minimum Age Limit - Chantix • 18 years</p> <p>Quantity Limit • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year</p>
STEROIDS (Topical) <small>SmartPA</small>			
	LOW POTENCY		

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

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		HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
VERY HIGH POTENCY			
	clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ^{NR} ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			

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	<p>amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)</p>	<p>ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable ZENZEDI (dextroamphetamine)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 3 years - Adderall, Evekeo, Procentra, Zenzedi • 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Evekeo ODT <p>Quantity Limit Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 62 tablets/31 days –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi • 310 mL/31 days – Methylin solution, Procentra <p><u>Documented diagnosis of ADHD</u> – ALL SA AGENTS</p> <p>Non-Preferred Criteria ADD/ADHD:</p> <ul style="list-style-type: none"> • 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 <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI</p>
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			Non-Preferred Criteria narcolepsy: <ul style="list-style-type: none"> • 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) FOCALIN XR (dexmethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYNAVEL XR (amphetamine) JORNAY PM (methylphenidate) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotelpla XR ODT, Daytrana, Dexedrine, Dynavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none"> • 18 years – Cotelpla XR ODT, Daytrana Quantity Limit

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		<p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none">• 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotelma 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, Cotelma XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg• 248 mL/31 days – Dynavel XR• 372 mL/31 days – Quillivant XR <p><u>Documented diagnosis of ADHD</u> – ALL LA AGENTS <i>excluding Nuvigil and Sunosi</i></p> <p><u>Documented diagnosis of binge eating disorder</u> – VYVANSE</p> <p>Non-Preferred Criteria ADD/ADHD:</p> <ul style="list-style-type: none">• Documented diagnosis of ADD/ADHD AND• Have tried 2 different preferred Long Acting agents in the past 6 months OR
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NARCOLEPSY

armodafinil
modafinil

NUVIGIL (armodafinil)
PROVIGIL (modafinil)
SUNOSI (solriamfetol)
WAKIX (pitolisant)^{NR}
XYREM (sodium oxybate)

- 1 claim for a 30 day supply with the requested agent in the past 105 days

Documented diagnosis of narcolepsy – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI

Non-Preferred Criteria narcolepsy:

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

Nuvigil

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

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			Provigil <ul style="list-style-type: none"> Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome Sunosi <ul style="list-style-type: none"> Documented diagnosis of narcolepsy or obstructive sleep apnea AND 30 days of therapy with preferred modafinil or armodafinil in the past 6 months Wakix <ul style="list-style-type: none"> 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
	NON-STIMULANTS		
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)	Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera 18 years - Wakix Maximum Age Limit <ul style="list-style-type: none"> 18 years – Intuniv, Kapvay 21 years – diagnosis of ADD/ADHD is required for Strattera

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			<p>Quantity Limit Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Intuniv, Strattera • 62 tablets/31 days - Wakix • 124 tablets/31 days – Kapvay <p>Intuniv</p> <ul style="list-style-type: none"> • Have tried the short acting guanfacine in the past 6 months OR • 1 claim for a 30 day supply with guanfacine ER in the past 105 days <p>Kapvay</p> <ul style="list-style-type: none"> • Diagnosis for ADD or ADHD AND • Have tried 1 Short or Long Acting stimulant in the past 6 months OR • Have tried 1 preferred Non-Stimulant in the past 6 months OR • Have tried the short acting product in the past 6 months
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate)	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p> <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.

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		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)	
ULCERATIVE COLITIS and CROHN'S AGENTS <small>SmartPA</small> *See Cytokine & CAM Antagonists Class for additional agents			
	ORAL		
	balsalazide mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) 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 (generic Asacol HD) mesalamine tablet (generic Delzicol) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine)	Gender Limit • Male - Giazio Non-Preferred Criteria • Documented diagnosis for Ulcerative Colitis AND • 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days budesonide EC • Documented diagnosis for Crohn's disease OR

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

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