

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

Updated: 11-24-2020

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

| 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 (dapson) AKNE-MYCIN (erythromycin) azelaic acid AMZEEQ FOAM (minocycline) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapson ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide | |
| | RETINOIDS | | |
| | RETIN-A (tretinoin) tretinoin cream | adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) | |

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| | | | |
|--|--|---|--|
| | | RETIN-A MICRO (tretinoin) 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) | |

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| | | | |
|--------------------------------------|--|--|---|
| | benzoyl peroxide bar, cleanser, cream, gel, lotion, wash ^{Rx & OTC} | benzoyl peroxide foam ^{Rx & OTC} BP 5.5% (benzoyl peroxide) BPO (benzoyl peroxide) ^{Rx & OTC} INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PANOXYL BAR 10% (benzoyl peroxide) ^{OTC} PANOXYL CREAM 3% (benzoyl peroxide) ^{OTC} OC8 GEL (benzoyl peroxide) ^{OTC} | |
| ISOTRETINOIN | | | |
| | AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN(isotretinoin) ZENATANE (isotretinoin) | ABSORICA (isotretinoin) ABSORICA LD(isotretinoin) | 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) | All Agents • Documented diagnosis for both preferred and non-preferred Non-Preferred Criteria |

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| | | EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine) | <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| | | NMDA RECEPTOR ANTAGONIST | |
| | memantine | NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR | |
| | | COMBINATION AGENTS | |
| | | NAMZARIC (memantine/donepezil) | Namzaric <ul style="list-style-type: none"> Documented diagnosis AND 30 days of concurrent therapy with donepezil + memantine in the past 6 months |
| ANALGESICS, NARCOTIC - SHORT ACTING | | | |
| | acetaminophen/codeine 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 | ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) buprenorphine/APAP/caffeine/codeine buprenorphine/ASA/caffeine/codeine buprenorphine tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (buprenorphine/APAP/caffeine/codeine) FIORINAL W/ CODEINE (buprenorphine/ASA/caffeine/codeine) | 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 – buprenorphine/codeine combinations, codeine, |

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| | | |
|---------------------------|---|---|
| tramadol tramadol/APAP | hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) REPREXINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) | dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol <ul style="list-style-type: none"> • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – butalbital/APAP 750 • 145 tablets – butalbital/APAP 650 • 186 tablets – butalbital/APAP 325, butalbital/ASA 325 • 5mL (2 x 2.5 bottles) – butorphanol nasal • 180 mL CUMULATIVE – oxycodone liquids |
|---------------------------|---|---|

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| | | VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen) | |
| ANALGESICS, NARCOTIC - LONG ACTING SmartPA | | | |
| | 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 (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER | 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 <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER, tramadol products Quantity Limit Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> • 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, |

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| | | ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate) | 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 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) | Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months Lidoderm • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy ZTlido • Documented diagnosis of Herpetic Neuralgia |

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| | | | |
|---------------------------------------|---|--|--|
| | | xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine) | |
| ANDROGENIC AGENTS SmartPA | | | |
| | ANDRODERM (testosterone patch) testosterone gel packets | ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate) | All Agents <ul style="list-style-type: none"> Limited to male gender Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| ANGIOTENSIN MODULATORS SmartPA | | | |
| | ACE INHIBITORS | | |
| | benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril | ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril) | Minimum Age Limit <ul style="list-style-type: none"> ≤ 6 years – Epaned <u>Smart PA will automatically be issued for this age</u> 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 |

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| 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) ZESTORETIC (lisinopril/HCTZ) | Non-Preferred Criteria ACE Inhibitor/CCB <ul style="list-style-type: none">Have tried 2 different preferred <u>ACE/CCB</u> agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days ACE Inhibitor/Diuretic <ul style="list-style-type: none">Have tried 2 different preferred <u>ACE/Diuretic</u> agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days |
| ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) | | |
| irbesartan losartan olmesartan telmisartan valsartan | ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan) | Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days |
| ARB COMBINATIONS | | |
| ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ | ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) | Entresto <ul style="list-style-type: none">Age ≥ 18 years AND |

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| | losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/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 telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) | <ul style="list-style-type: none"> Documented diagnosis of heart failure OR Age \geq 1 year AND Documented diagnosis of heart failure with systemic ventricular systolic dysfunction <p>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</p> <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>ARB/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| DIRECT RENIN INHIBITORS | | | |
| | | TEKTURN (aliskiren) | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND |

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| | | | |
|------------------------------------|---|--|--|
| | | | <ul style="list-style-type: none"> 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) | Non-Preferred Criteria <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 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) | |

11

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

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| LINCOSAMIDE ANTIBIOTICS | | |
|-------------------------|--|--|
| | clindamycin capsules clindamycin solution | CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin) |
| MACROLIDES | | |
| | azithromycin clarithromycin ER clarithromycin IR clarithromycin suspension E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin) erythromycin | BIAXIN (clarithromycin) BIAXIN SUSPENSION (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin) |
| NITROFURAN DERIVATIVES | | |
| | nitrofurantoin nitrofurantoin monohydrate macrocrystals | FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin) |
| OXAZOLIDINONES | | |
| | | SIVEXTRO (tedizolid) ZYVOX (linezolid) |

Sivextro – [MANUAL PA](#)

Zyvox - [MANUAL PA](#)

Quantity Limit

• 6 tablets/month – Sivextro

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| PLEUROMUTLINS | | | |
|---------------------------------------|--|--|---|
| | | XENLETA (lefamulin) | |
| ANTIBIOTICS (Topical) | | | |
| | bacitracin ^{OTC} bacitracin/polymyxin ^{OTC} gentamicin sulfate mupirocin ointment neomycin/bacitracin/polymyxin ^{OTC} | ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/Hc) mupirocin cream NEOSPORIN (neomycin/bacitracin/polymyxin) ^{OTC} XEPI (ozenoxacin) | |
| ANTIBIOTICS (VAGINAL) | | | |
| | CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal | AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole) | |
| ANTICOAGULANTS <small>SmartPA</small> | | | |
| | | ORAL | |
| | COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban) | BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate) | <u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG <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 |

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| | | |
|--|--|--|
| | | <p>DVT Prophylaxis - following knee replacement 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 • 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 requested agent in the past 90 days |
| | | <p>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</p> |

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| | | | |
|--------------------------------|---|---|---|
| | enoxaparin | ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe | LMWH – All Agents <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 \leq 17 days OR Documented diagnosis of cancer OR Female age 8 to 51 years OR Total hip/knee replacement or hip fracture surgery in the past 6 months AND Duration of therapy \leq 35 days 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 | APTiom (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) | Minimum Age Limit <ul style="list-style-type: none"> 1 year – Banzel, Epidiolex 2 years – Diacomit, Onfi, Sympazan Non-Preferred Criteria |

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| | | |
|--|---|---|
| <div>divalproex ER</div> <div>divalproex sprinkle</div> <div>EPITOL (carbamazepine)</div> <div>gabapentin</div> <div>GABITRIL (tiagabine)</div> <div>lamotrigine</div> <div>levetiracetam</div> <div>levetiracetam ER</div> <div>oxcarbazepine</div> <div>oxcarbazepine suspension</div> <div>topiramate tablet</div> <div>topiramate sprinkle capsule</div> <div>valproic acid</div> <div>VIMPAT (lacosamide)</div> <div>zonisamide</div> | <div>DEPAKOTE (divalproex)</div> <div>DIACOMIT (stiripentol)</div> <div>EPIDIOLEX (cannabidiol)</div> <div>EQUETRO (carbamazepine)</div> <div>felbamate</div> <div>FELBATOL (felbamate)</div> <div>FYCOMPA (perampanel)</div> <div>KEPPRA (levetiracetam)</div> <div>KEPPRA XR (levetiracetam)</div> <div>LAMICTAL (lamotrigine)</div> <div>LAMICTAL CHEWABLE (lamotrigine)</div> <div>LAMICTAL ODT (lamotrigine)</div> <div>LAMICTAL XR (lamotrigine)</div> <div>lamotrigine ER/XR</div> <div>lamotrigine ODT</div> <div>NEURONTIN (gabapentin)</div> <div>OXTELLAR XR (oxcarbazepine)</div> <div>QUDEXY XR (topiramate)</div> <div>ROWEEPR (levetiracetam)</div> <div>SABRIL (vigabatrin)</div> <div>SPRITAM (levetiracetam)</div> <div>STAVZOR (valproic acid)</div> <div>TEGRETOL (carbamazepine)</div> <div>TEGRETOL SUSPENSION (carbamazepine)</div> <div>TEGRETOL XR (carbamazepine)</div> <div>tiagabine</div> <div>TOPAMAX TABLET (topiramate)</div> <div>TOPAMAX Sprinkle (topiramate)</div> <div>topiramate ER (generic Qudexy XR) ^{Step Edit}</div> <div>TRILEPTAL Tablets (oxcarbazepine)</div> <div>TRILEPTAL Suspension (oxcarbazepine)</div> <div>TROKENDI XR (topiramate)</div> | <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND • Documented diagnosis of seizure <p>Banzel/Onfi/Sympazan</p> <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND • Documented diagnosis of seizure <p>Diacomit</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome AND • Active claim for clobazam <p>Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex 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 |
|--|---|---|

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| | | | |
|--|---|---|--|
| | | vigabatrin XCOPRI (cenobamate) | Fintepla <ul style="list-style-type: none"> Requires clinical review Sabril Powder for Oral Solution <ul style="list-style-type: none"> Documented diagnosis of infantile spasms OR Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure Topiramate ER – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure OR 30 day trial with topiramate IR in the past 6 months |
| | SELECTED BENZODIAZEPINES | | |
| | clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam) | DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam) | Minimum Age Limit <ul style="list-style-type: none"> 12 years – Nayzilam 6 years – Valtoco Quantity Limit <ul style="list-style-type: none"> 2 Twin Packs/31 days – Diastat 2 Packages /31 days – Nayzilam 2 Cartons/31 days - Valtoco |

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| HYDANTOINS | | | |
|---|---|--|---|
| | DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin | PEGANONE (ethotoin) | |
| SUCCINIMIDES | | | |
| | ethosuximide | CELONTIN (methsuximide) ZARONTIN (ethosuximide) | |
| ANTIDEPRESSANTS, OTHER <small>SmartPA</small> | | | |
| | bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIBRYD (vilazodone) | APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • 7-17 years – duloxetine (except Drizalma Sprinkle) <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> • 7-11 years – Drizalma Sprinkle <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred '<i>Antidepressants, Other</i>' Class in the past 6 months OR • Have tried BOTH a preferred '<i>Antidepressant, SSRI</i>' and |

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| | | | |
|---------------------------------------|--|--|--|
| | | tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl) | <u>'Antidepressants, Other'</u> in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days Cymbalta and Irenka (see Fibromyalgia Agents) |
| 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) PEKEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline) | Minimum Age Limit • 6 years - Zoloft • 7 years – Prozac • 8 years - Luvox • 12 years - Lexapro • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg Citalopram Criteria • <18 years and 90 consecutive days on citalopram in the past 105 days OR • < 60 years AND max daily dose ≤ 40 mg/day OR • ≥ 60 years AND max daily dose ≤ 20 mg/day Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days |

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| ANTIEMETICS <small>SmartPA</small> | | | |
|---|--|---|---|
| | | 5HT3 RECEPTOR BLOCKERS | |
| | ondansetron ondansetron ODT ondansetron solution | ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN 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) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine | Akynzeo - MANUAL PA |
| | | CANNABINOIDS | |
| | | CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol) | |
| | | NMDA RECEPTOR ANTAGONIST | |
| | EMEND (aprepitant) | aprepitant VARUBI (rolapitant) | Varubi - MANUAL PA |
| ANTIFUNGALS (Oral) <small>SmartPA</small> | | | |

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| | | |
|--|---|--|
| <p>clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine</p> | <p>ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^</p> | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4-12 years – Lamisil Granules <u>Smart PA will automatically be issued for this age range</u> • 12-17 years – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> • Non-Preferred agent indicated for treatment (^) AND • Documented diagnosis of HIV <p>Cresemba - MANUAL PA</p> <ul style="list-style-type: none"> • Minimum age limit ≥ 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 |
|--|---|--|

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EFFECTIVE 10/01/2020

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| | | | <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
|-------------------------------|---|---|--|
| ANTIFUNGALS (Topical) SmartPA | | | |
| | ANTIFUNGALS | | |
| | ciclopirox cream/gel/solution/suspension clotrimazole cream/solution ^{Rx & OTC} ketoconazole shampoo miconazole cream/powder ^{OTC} nystatin terbinafine cream/spray ^{OTC} tolnaftate cream/powder/spray ^{OTC} | BENSAL HP (benzoic acid/salicylic acid) butenafine CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |

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| ANTIFUNGAL/STEROID COMBINATIONS | | | |
|---|---|--|---|
| | clotrimazole/betamethasone cream nystatin/triamcinolone | clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone) | |
| ANTIFUNGALS (VAGINAL) | | | |
| | clotrimazole vaginal cream ^{OTC} miconazole 1, 7cream ^{OTC} TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole | GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository ^{OTC} TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole | |
| ANTIHIISTAMINES, MINIMALLY SEDATING AND COMBINATIONS ^{SmartPA} | | | |
| MINIMALLY SEDATING ANTIHIISTAMINES | | | |
| | cetirizine tablets ^{OTC} cetirizine syrup ^{Rx & OTC} loratadine odt ^{OTC} loratadine syrup ^{OTC} loratadine tablet ^{OTC} | cetirizine chewable ^{OTC} CLARINEX (desloratadine) desloratadine ODT desloratadine tablet fexofenadine syru fexofenadine table levocetirizine syrup levocetirizine tablet XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine) | Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of allergy or urticaria AND Have tried 2 different preferred agents in the past 12 months |
| MINIMALLY SEDATING ANTIHIISTAMINE/DECONGESTANT COMBINATIONS | | | |
| | cetirizine/pseudoephedrine loratadine/pseudoephedrine | ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine) | |

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| ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR | | | |
|--|---------------------------|----------------------|---|
| ORAL | | | |
| | NURTEC ODT (rimegepant)** | UBRELVY (ubrogepant) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Nurtec ODT, Ubrelvy <p>Quantity Limit</p> <ul style="list-style-type: none"> • 8 tablets/31 day – Nurtec ODT • 16 tablets/31 day – Ubrelvy <p>Nurtec ODT</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • No concurrent therapy with another CGRP agent <p>Ubrelvy</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • Have tried preferred Nurtec ODT in the past 6 months AND • No concurrent therapy with another CGRP agent AND • No concurrent therapy with a strong CYP3A4 inhibitor |

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| INJECTIBLES | | | |
|---|--|---|--|
| | | AIMOVIG (erenumab-aoee) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr) | |
| ANTIMIGRAINE AGENTS, TRIPTANS & RELATED AGENTS <small>SmartPA</small> | | | |
| ORAL | | | |
| | naratriptan rizatriptan rizatriptan ODT sumatriptan tablets zolmitriptan zolmitriptan ODT | almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan) | Minimum Age Limit – ALL FORMULATIONS <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, Reyvow, Tosymra, Zembrace Symtouch, Zomig tablets Quantity Limit - ORAL <ul style="list-style-type: none"> • 4 tablets/31 days – Reyvow 50 mg • 6 tablets/31 days - Axert, Relpax Zomig • 8 tablets/31 days – Reyvow 100 mg • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt Non-Preferred Criteria - ORAL <ul style="list-style-type: none"> • Have tried 2 preferred preferred oral agents in the past 90 days |

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| | | | |
|---|--|---|---|
| | | | Reyvow <ul style="list-style-type: none"> Documented diagnosis of migraine AND Have tried 2 different triptans in the past 90 days AND Have tried preferred Nurtec ODT in the past 90 days AND |
| | NASAL | | |
| | sumatriptan | IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ZOMIG (zolmitriptan) | Quantity Limit - NASAL <ul style="list-style-type: none"> 1 box/31 days Non-Preferred Criteria - NASAL <ul style="list-style-type: none"> Have tried 2 preferred oral agents in the past 90 days AND Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days |
| | INJECTABLES | | |
| | sumatriptan | IMITREX (sumatriptan) ZEMBRACE (sumatriptan) | CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days |
| *ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS | | | |
| | AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTTRIF (afatinib) ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutinib) INLYTA (axitinib) | ALECENSA (alectinib) ALUNBRIG (brigatinib) AYVAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) COPIKTRA (duvelisib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) DAURISMO (glasdegib) | Farydak - <u>MANUAL PA</u> <ul style="list-style-type: none"> Documented diagnosis of multiple myeloma AND Used in combination with bortezomib and dexamethasone per PI AND History of 2 prior regimens including bortezomib and an immunomodulatory agent |

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IRESSA (gefitinib)
JAKAFI (ruxolitinib)
MEKINIST (trametinib dimethyl sulfoxide)
NEXAVAR (sorafenib)
ROZLYTREK (entrectinib)
SPRYCEL (dasatinib)
STIVARGA (regorafenib)
SUTENT (sunitinib)
TAFINLAR (dabrafenib)
TARCEVA (erlotinib)
TASIGNA (nilotinib)
TURALIO (pexidartinib)
TYKERB (lapatinib ditosylate)
vandetanib
VOTRIENT (pazopanib)
XALKORI (crizotinib)
XTANDI (enzalutamide)
ZELBORAF (vemurafenib)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)

ERLEADA (apalutamide)
FARYDAK (panobinostat)
GLEEVEC (imatinib mesylate)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
INREBIC (fedratinib)
KISQALI (ribociclib)
KOSELUGO (selumetinib)
LENVIMA (lenvatinib) **SmartPA**
LORBRENA (lorlatinib)
LYNPARZA (olaparib) **SmartPA**
MEKTOVI (binimetnib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)
PEMAZYRE (pemigatinib)
PIQRAY (alpelisib)
RETEVMO (selpercatinib)
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TABRECTA (capmatinib)
TAGRISSO (osimertinib)
TALZENNA (talazoparib)
TAZVERIK (tazemetostat)
TIBSOVO (ivosidenib)
TUKYSA (tucatinib)
VERZENIO (abemaciclib)
VITRAKVI (larotrectinib)
VIZIMPRO (dacomitinib)
XATMEP (methotrexate)
XOSPATA (gilteritinib)
XPOVIO (selinexor)
ZEJULA (niraparib)

Ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma **OR**
- All other indications evaluated through clinical review

Lenvima

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

Lynparza Capsules - MANUAL PA

Lynparza Tablets

- Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer **AND**
- History of platinum-based chemotherapy in the past 2 years **OR**

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| | | | |
|--|--|--|--|
| | | | <ul style="list-style-type: none"> All other indications evaluated through clinical review |
| ANTIPARASITICS (Topical) SmartPA | | | |
| | PEDICULICIDES | | |
| | permethrin 1% ^{OTC} NATROBA (spinosad) | lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad VANALICE (piperonyl butoxide/pyrethrins) | 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 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 |
| | SCABICIDES | | |
| | permethrin 5% STROMEKTOL 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 | | | |

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| | | | |
|-------------------|--------------------------------|---|---|
| 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 | | | |
| | entacapone | COMTAN (entacapone) TASMAR (tolcapone) tolcapone | |
| DOPAMINE AGONISTS | | | |
| | ropinirole | MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER | |
| MAO-B INHIBITORS | | | 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 |
| | selegiline | AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline) | |

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| OTHERS | | | |
|------------------------|--|---|--|
| | amantadine bromocriptine carbidopa levodopa/carbidopa | DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) 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 | | | |
| ORAL | | | |
| | amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone | ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT CAPLYTA (lumateperone) chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) | Minimum Age Limit <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, pimozole, thiothixene 13 years – Zyprexa |

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| | | |
|---|---|--|
| <p>risperidone ODT SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone</p> | <p>GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER(paliperidone) LATUDA (lurasidone) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)</p> | <ul style="list-style-type: none"> • 18 years – Abilify Mycite, 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> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease |
| INJECTABLE, ATYPICALS SmartPA | | |
| <p>ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone)</p> | <p>ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)</p> | <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 |

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| | | | |
|--|---|---|---|
| | RISPERDAL CONSTA (risperidone) | | <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) | |
| ANTIRETROVIRALS <small>SmartPA</small> | | | |
| 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) | <p>Stribild – <u>MANUAL PA</u></p> <ul style="list-style-type: none"> Genotype testing supporting resistance to other regimens OR Intolerance or contraindication to preferred combination of drugs AND Medical reasoning beyond convenience or enhanced |

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| | | | |
|--|--|---|---|
| | | | compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy |
| | INTEGRASE STRAND TRANSFER INHIBITORS | | |
| | ISENRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) | ISENRESS HD (raltegravir potassium) VITEKTA (elvitegravir) | Non-Preferred Criteria • 1 claim with the requested agent in the past 105 days |
| | NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) | | |
| | abacavir sulfate EMTRIVA (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine | didanosine DR capsule EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate) | |
| | NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) | | |
| | EDURANT (rilpivirine) SUSTIVA (efavirenz) | efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine) | |
| | PHARMACOECHANER – CYTOCHROME P450 INHIBITOR | | |

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

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| | | | |
|--------------------------|---|--|--|
| | 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) TEMIXYS (lamivudine/tenofovir) | |
| | COMBINATION PRODUCTS – PROTEASE INHIBITORS | | |
| | KALETRA (lopinavir/ritonavir) | lopinavir/ritonavir | |
| | CD4 DIRECTED HIV-1 INHIBITOR | | |
| | TROGARZO (ibalizumab) | | |
| ANTIVIRALS (Oral) | | | |
| | ANTI-CYTOMEGALOVIRUS AGENTS | | |
| | valganciclovir tablets | PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution | <p>valganciclovir solution – automatic approval for age <12 years</p> <p>Prevymis Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease</p> <ul style="list-style-type: none"> • 18 years or older AND • Post hematopoietic stem cell transplant (HSCT) within the past 28 days AND |

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| | | | |
|----------------------------------|--|---|--|
| | | | <ul style="list-style-type: none"> CMV sero-positive recipient [R+] AND NO severe (Child-Pugh Class C) hepatic impairment |
| ANTI-HERPETIC AGENTS | | | |
| | acyclovir valacyclovir | famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir) | |
| ANTI-INFLUENZA AGENTS | | | |
| | oseltamivir TAMIFLU (oseltamivir) | FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil) | |
| ANTIVIRALS (Topical) | | | |
| | ZOVIRAX Cream (acyclovir) | acyclovir cream, ointment DENAVER (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir) | |
| AROMATASE INHIBITORS | | | |
| | anastrozole exemestane letrozole | ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole) | |
| ATOPIC DERMATITIS SmartPA | | | |

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| | | | |
|--|----------------------------|---|---|
| | 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 OR • <u>MANUAL PA</u> <p>Dupixent – Evaluated through Manual PA according to diagnosis</p> <p>Asthma – <u>MANUAL PA</u></p> <p>Atopic Dermatitis – <u>MANUAL PA</u></p> <p>Nasal Polyposis – <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 <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 <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 SmartPA | | | |
| | 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) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin) | |
| BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA | | | |
| | BISPHOSPHONATES | | |
| | alendronate ibandronate risedronate | ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet | Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis for osteoporosis or osteopenia AND Have tried 2 different preferred agents in the past 6 months |
| | OTHERS | | |
| | | calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene | |

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| | | | |
|--|--|---|---|
| | | TYMLOS (abaloparatide) XGEVA (denosumab) | |
| BPH AGENTS SmartPA | | | |
| | ALPHA BLOCKERS | | |
| | alfuzosin doxazosin tamsulosin terazosin | CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin) | Female <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND Documented diagnosis based on a State accepted diagnosis Non-Preferred Criteria - MALE <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| | 5-ALPHA-REDUCTASE (5AR) INHIBITORS | | |
| | finasteride | AVODART (dutasteride) dutasteride PROSCAR (finasteride) | |
| | PDE5 INHIBITORS | | |
| | | CIALIS (tadalafil) | |
| BRONCHODILATORS & COPD AGENTS | | | |
| | ANTICHOLINERGICS & COPD AGENTS | | |
| | ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium) | DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) | Minimum Age Limit 6 years – Spiriva Respimat Spiriva Respimat |

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

Updated: 11-24-2020

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| | | | |
|--|---|---|--|
| | | SPIRIVA RESPIMAT (tiotropium) ^{SmartPA} TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin) | <ul style="list-style-type: none"> Automatic approval for ≥ 6 years with a diagnosis of asthma |
| ANTICHOLINERGIC-BETA AGONIST COMBINATIONS | | | |
| | albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) ^{SmartPA} UTIBRON (indacaterol/glycopyrrolate) | ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (aclidinium/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/umeclidinium/vilanterol) | |
| BRONCHODILATORS, BETA AGONIST | | | |
| INHALERS, SHORT-ACTING | | | |
| | albuterol HFA PROAIR RESPICLICK (albuterol) | Levalbuterol HFA PROAIR DIGIHALER (albuterol) PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA} | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 4 years - Xopenex HFA <p>Xopenex HFA</p> <ul style="list-style-type: none"> 1 claim for a preferred albuterol inhaler in the past 30 days <p>ProAir Digihaler</p> <ul style="list-style-type: none"> Requires clinical review |
| INHALERS, LONG ACTING ^{SmartPA} | | | |
| | SEREVENT (salmeterol) | ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 4 years – Serevent 18 years – Arcapta, Striverdi Respimat <p>Arcapta & Striverdi Respimat</p> |

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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 limited to 21 days |
| LONG-ACTING | | |
| amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER | ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) | <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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| | | | |
|--|--|--|---|
| | | TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil) | |
| CALORIC AGENTS | | | |
| | BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN | All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization. | Non-Preferred Agents - <u>MANUAL PA</u> |
| 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 <i>SmartPA</i> | | |
| | cefadroxil cephalixin capsules | cephalixin tablets DAXBIA (cephalexin) | Non-Preferred Criteria – all generations |

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| | | | |
|--|--|--|--|
| | cephalexin suspension | KEFLEX (cephalexin) | <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) | Maximum Age Limit <ul style="list-style-type: none">• 18 years – cefdinir suspension |
| CEPHALOSPORINS – Third Generation SmartPA | | | |
| | cefdinir suspension cefdinir capsules cefpodoxime | CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime) | |
| COLONY STIMULATING FACTORS | | | |
| | 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) | |
| 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• 4 months – Kalydeco Granules• 2 years – Coly-Mycin M, Orkambi Granules• 6 years – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg |

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| | | | |
|---------------------------------------|---|--|--|
| | | TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor) | Tablet, Symdeko, TOBI, TOBI Podhaler <ul style="list-style-type: none"> • 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 – MANUAL PA Orkambi – MANUAL PA Symdeko – MANUAL PA Trikafta – MANUAL PA</p> <p>TOBI Podhaler</p> <ul style="list-style-type: none"> • Requires clinical review |
| CYTOKINE & CAM ANTAGONISTS | | | |
| | COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate | ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) | Drugs with manufacturer recommendations for first dose delivery to be administered in a clinical setting with lifesaving equipment on hand will not be granted a pharmacy PA until a paid medical claim is verified. |

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| | | |
|--|--|--|
| | OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMIFYA (guselkumab) Trexall (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib) | <p>Verified clinic administered first doses do not negate the preferred/nonpreferred status.</p> <p>** Non-preferred agents will require a trial and failure of 2 preferred products for approval and will be evaluated through clinical review.</p> <p>Cosentyx</p> <ul style="list-style-type: none"> • ≥ 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) | <p>ARANESP (darbepoetin) PROCRT (rHuEPO)</p> <p>Mircera</p> <ul style="list-style-type: none"> • Documented diagnosis chronic renal failure in the past 2 years <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months AND • Trial of a preferred Retacrit or Epogen in the past 6 months OR |

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- 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
KOGENATE FS
NOVOEIGHT
NUWIQ
RECOMBINATE
WILATE
XYNTHA
XYNTHA SOLOFUSE

ADYNOVATE
ELOCTATE
ESPEROCT
JIVI
KCENTRA
KOVALTRY
NOVOSEVEN RT
OBIZUR
VONVENDI

FACTOR IX

ALPHANINE SD
ALPROLIX
BENEFIX
IXINITY
MONONINE
PROFILNINE
RIXUBIS

IDELVION
REBINYN

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| | | | |
|---|---|--|--|
| | | | Hemlibra <ul style="list-style-type: none">1 claim with the requested agent in the past 105 daysMANUAL PA – new patients |
| OTHER FACTOR PRODUCTS | | | |
| | COAGADEX FIBRYGA RIASTAP | CORIFACT HEMLIBRA SmartPA 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 ORCystic Fibrosis ORPneumonic 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 <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>AND</p> <ul style="list-style-type: none"> Cipro suspension in the past 3 months |
| GAUCHER'S DISEASE | | | |
| | ELELYSO (taliglucerase alfa) ZAVESCA (miglustat) | CERDELGA (eliglustat) CEREZYME(imiglucerase) miglustat VPRIV (velaglucerase alfa) | |
| GENITAL WARTS & ACTINIC KERATOSIS AGENTS | | | |
| | ALDARA (imiquimod) <small>Age Edit</small> CONDYLOX (podofilox) <small>Age Edit</small> podofilox <small>Age Edit</small> | CARAC (fluorouracil) diclofenac 3% gel imiquimod <small>Age Edit</small> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <small>Age Edit</small> SOLARAZE (diclofenac) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Aldara 18 years – Condylox, Picato, Veregen |

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| | | | |
|---|--|--|---|
| | | TOLAK (fluorouracil) VEREGEN (sinecatechins) <i>Age Edit</i> ZYCLARA (imiquimod) <i>Age Edit</i> | |
| GLUCOCORTICOIDS (Inhaled) <i>SmartPA</i> | | | |
| | GLUCOCORTICOIDS | | |
| | ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate) | ALVESCO (ciclesonide) ARMONAIR Digihaler (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules | 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 ArmonAir Digihaler <ul style="list-style-type: none"> Requires clinical review <u>NOTE:</u> Institutional sized products are Non-Preferred |
| | GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS | | |
| | ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol SYMBICORT (budesonide/formoterol) | ADVAIR DISKUS (fluticasone/salmeterol) AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Respiclick (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 AirDuo Digihaler <ul style="list-style-type: none"> Requires clinical review |

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EFFECTIVE 10/01/2020

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GI ULCER THERAPIES

| H2 RECEPTOR ANTAGONISTS | | | |
|---------------------------------------|--|---|--|
| | cimetidine solution famotidine solution famotidine tablets nizatidine solution | AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine) | |
| 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 | PriLOSEC suspension • Automatic approval for 0 - 2 years |
| OTHER | | | |
| | CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet | CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension | |
| GROWTH HORMONE <small>SmartPA</small> | | | |
| | NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) | GENOTROPIN (somatropin) HUMATROPE (somatropin) | All Agents for Age ≥ 18 years |

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| | | | |
|---|--|---|--|
| | | OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin) | <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> <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) | <p>Quantity Limit</p> <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 | | | |

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| | | | |
|--|--|--|---|
| | 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) ribavirin capsules SOVALDI (sofosbuvir) [∞] TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) [∞] ZEPATIER (elbasvir/grazoprevir) [∞] | Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier • Require clinical review <u>Note:</u> Harvoni and Sovaldi have FDA pediatric indications |
| HEREDITARY ANGIOEDEMA | | | |
| | | BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo) | |
| HYPERURICEMIA & GOUT ^{SmartPA} | | | |
| | allopurinol colchicine capsule | colchicine tablet COLCRYS (colchicine) | Non-Preferred Criteria |

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| | probenecid probenecid/colchicine | febuxostat LOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol) | <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| HYPOGLYCEMIA TREATMENT, GLUCAGON | | | |
| | BAQSIMI (glucagon) Step Edit glucagen vial glucagon kit | GVOKE (glucagon) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 2 years – Gvoke 4 years – Baqsimi <p>Quantity Limit</p> <ul style="list-style-type: none"> 2 packs/31 days – Baqsimi 2 syringes/31 days – Gvoke <p>Baqsimi Approved after a trial and failure of generic</p> |
| HYPOGLYCEMICS, BIGUANIDES SmartPA | | | |
| | metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR) | FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin) | <ul style="list-style-type: none"> Clinical review required for 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- |

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| | | | |
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| | | | <p>drug combination agents count as 3 classes</p> <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 <small>SmartPA</small> | | | |
| | <p>JANUMET (sitagliptin/metformin)</p> <p>JANUMET XR (sitagliptin/metformin)</p> <p>JANUVIA (sitagliptin)</p> <p>JENTADUETO (linagliptin/metformin)</p> <p>TRADJENTA (linagliptin)</p> | <p>alogliptin</p> <p>alogliptin/metformin</p> <p>alogliptin/pioglitazone</p> <p>JENTADUETO XR (linagliptin/metformin)</p> <p>KAZANO (alogliptin/metformin)</p> <p>KOMBIGLYZE XR (saxagliptin/metformin)*</p> <p>NESINA (alogliptin)</p> <p>ONGLYZA (saxagliptin) *</p> <p>OSENI (alogliptin/pioglitazone)</p> | <ul style="list-style-type: none"> Clinical review 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 <p>Kombiglyze XR and Onglyza</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days |
| HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS <small>SmartPA</small> | | | |
| | <p>BYDUREON (exenatide)</p> <p>BYETTA (exenatide)</p> <p>VICTOZA (liraglutide)</p> | <p>ADLYXIN (lixisenatide)</p> <p>BYDUREON BCISE (exenatide)</p> <p>OZEMPIC (semaglutide)</p> | <ul style="list-style-type: none"> Clinical review required with concomitant use of DPP-4 product in the past 30 days OR |

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| | | | |
|--|---|--|--|
| | | RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide) | <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>Symlin is excluded from all criteria</p> |
| HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small> | | | |
| | HUMULIN N, R, 70/30 VIAL ^{OTC} (insulin) HUMULIN R U500 VIAL (insulin) insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen Insulin lispro insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) | AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN U100 (insulin lispro) HUMALOG KWIKPEN U200 (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMALOG VIAL (insulin lispro) HUMULIN N, 70/30 KWIKPEN (insulin) ^{OTC} HUMULIN R U500 KWIKPEN* | Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. <p>Non-Preferred Criteria</p> <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 requested agent in the past 105 days |

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| | | | |
|---|---|--|---|
| | | NOVOLIN N, R, 70/30 FLEXPEN (insulin) ^{OTC} NOVOLIN N, R, 70/30 VIAL (insulin) ^{OTC} NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) TRESIBA (insulin degludec) TOUJEO (insulin glargine) TOUJEO MAX (insulin glargine) | |
| HYPOGLYCEMICS, MEGLITINIDES SmartPA | | | |
| | nateglinide repaglinide | PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide) | <ul style="list-style-type: none"> Clinical review required with 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 |
| HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA | | | |
| | HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS | | |
| | FARXIGA (dapagliflozin) JARDIANCE (empagliflozin) | INVOKANA (canagliflozin) STEGLATRO (ertugliflozin) | <ul style="list-style-type: none"> Clinical review required with addition of a fourth concurrent |

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| | | | |
|---|------------------------------------|--|---|
| | | | <p>oral agent in a different drug class</p> <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 |
| HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS | | | |
| | SYNJARDY (empagliflozin/metformin) | GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDYXR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin) | |
| HYPOGLYCEMICS, TZDS | | | |
| THIAZOLIDINEDIONES | | | |
| | pioglitazone | ACTOS (pioglitazone) AVANDIA (rosiglitazone) | <ul style="list-style-type: none"> Clinical review required for addition of a fourth concurrent oral agent in a different drug class Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days |

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| | | | <ul style="list-style-type: none"> 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes |
| | TZD COMBINATIONS | | |
| | pioglitazone/metformin | ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride | |
| IDIOPATHIC PULMONARY FIBROSIS SmartPA | | | |
| | ESBRIET (pirfenidone) OFEV (nintedanib) | | All Agents <ul style="list-style-type: none"> Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV <ul style="list-style-type: none"> No concurrent therapy with either agent |
| IMMUNOSUPPRESSIVE (ORAL) SmartPA | | | |
| | AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) | ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus) | Minimum Age Limit <ul style="list-style-type: none"> 13 years - Rapamune 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis Azasan |

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| | | | |
|-------------------------|--|---|---|
| | SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus) | | <ul style="list-style-type: none"> Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis <p>Gengraf, Neoral, Sandimmune</p> <ul style="list-style-type: none"> Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State accepted diagnosis OR Clinical review required for a diagnosis of Kimura's disease or multifocal motor neuropathy <p>Myfortic</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant or psoriasis <p>Rapamune</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant <p>Zortress</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant or liver transplant |
| IMMUNE GLOBULINS | | | |
| | CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA | <p>ASCENIV</p> <p>BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN</p> | |

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

Updated: 11-24-2020

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| | | | |
|--|--|--|---|
| | OCTAGAM PANZYGA XEMBIFY | | |
| IMMUNOLOGIC THERAPIES FOR ASTHMA | | | |
| | FASENRA PEN AUTOINJECTOR (benralizumab) [∞] NUCALA AUTOINJECTOR (mepolizumab) [∞] NUCALA SYRINGE (mepolizumab) [∞] | DUPIXENT (dupilumab)* | ∞ once criteria is met |
| 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 | | | |
| | fluticasone Rx Only | BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) | Non-Preferred Criteria • Documented diagnosis for allergic rhinitis AND • Have tried 1 different preferred agent in the past 6 months |

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| | | | |
|---|--|---|--|
| | | QNASL (beclomethasone) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide) | |
| IRON CHELATING AGENTS | | | |
| | deferasirox all strenghts FERRIPROX (deferiprone) | EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox) | Jadenu – <u>MANUAL PA</u> |
| IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small> | | | |
| IRRITABLE BOWEL SYNDROME CONSTIPATION | | | |
| | AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide) MOVANTIK (naloxegol) | LINZESS 72mcg (linaclotide) MOTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod) | <p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> • 18 years – except Bentyl, Gattex, Levsin <p>Gender Limit</p> <ul style="list-style-type: none"> • Female – Amitiza 8mcg <p><u>Chronic Idiopathic Constipation (CIC)</u></p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p>All CIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction |

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| | | | <p>Non-Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> 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 requested agent in the past 105 days <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of OIC in the past year AND • 1 claim for an opioid in the past 30 days AND |
|--|--|--|---|

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| | | | |
|--|--|--|---|
| | | | <ul style="list-style-type: none"> 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 requested 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 1 claim with the requested agent in the past 105 days <p>Lotronex</p> |

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| | | | |
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| | | | <ul style="list-style-type: none"> • 1 claim for the requested 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) GATTEX, NUTRESTORE, ZORBTIVE</p> <p>Gattex or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the requested agent in the past 105 days OR |

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| | | | |
|---|--|--|---|
| | | | <ul style="list-style-type: none"> All new patients require clinical review <p>Nutrestore</p> <ul style="list-style-type: none"> Requires clinical review |
| 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 INHIBITORS AND COMBINATIONS | | | |
| | | NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe) | <p>Nexletol and Nexlizet</p> <ul style="list-style-type: none"> Requires clinical review |
| 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 days OR 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 |

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| | | | antidiabetic agent in the past 180 days OR o Pregnant female OR o Documented diagnosis of liver disease OR o Documented diagnosis for hypertriglyceridemia OR o Clinical justification a statin or statin combination product cannot be used Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months |
| OMEGA-3 FATTY ACIDS | | | |
| | omega 3 acid ethyl esters | LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl) | Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months |
| CHOLESTEROL ABSORPTION INHIBITORS | | | |
| | ezetimibe | ZETIA (ezetimibe) | Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year |
| FIBRIC ACID DERIVATIVES | | | |
| | fenofibrate nanocrystallized gemfibrozil | ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) | Fibric Acid Derivative Non-Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months |

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| | | | |
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| | | LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid) | |
| MTP INHIBITOR | | | |
| | | JUXTAPID (lomitapide) | Juxtapid – MANUAL PA |
| APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR | | | |
| | | KYNAMRO (mipomersen) | Kynamro – 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) | Praluent - MANUAL PA Repatha - MANUAL PA |
| LIPOTROPICS, STATINS <small>SmartPA</small> | | | |
| STATINS | | | |
| | atorvastatin lovastatin pravastatin rosuvastatin | ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) | Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication |

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|-----------------------------|--|---|---|--|
| | simvastatin | fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin) | Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred statin or statin combination agents in the past 6 months OR90 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 <ul style="list-style-type: none">Have tried 2 different preferred statin or statin combination agents in the past 6 months OR90 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 | | | |
| | epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine) | ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine) | | |
| | MISCELLANEOUS | | | |
| | Quantity Limit <ul style="list-style-type: none">2 kits/31 days | | | |

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| | 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) | Alprazolam ER CUMULATIVE quantity limit • 31 tablets/31 days Hydroxyzine HCl 10mg tablets • 6-12 years - <u>Smart PA will automatically be issued for this age range</u> |
| ALLERGEN EXTRACT IMMUNOTHERAPY | | | |
| | | GRASTEK ORALAIR PALFORZIA RAGWITEK | |
| SUBLINGUAL NITROGLYCERIN | | | |
| | nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin) | nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin) | |
| MOVEMENT DISORDER AGENTS SmartPA | | | |
| | INGREZZA (valbenazine) tetrabenazine | AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine) | Ingrezza – MANUAL PA tetrabenazine: • Documented diagnosis of Huntington's Chorea Non-Preferred Criteria Austedo: • MANUAL PA for diagnosis of tardive dyskinesia OR |

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|--|---|--|---|
| | | | <ul style="list-style-type: none"> 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) dimethyl fumarate EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZINBRYTA (daclizumab) | All Agents <ul style="list-style-type: none"> Documented diagnosis of multiple sclerosis Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days Kesimpta <ul style="list-style-type: none"> Requires clinical review Mavenclad – MANUAL PA Mayzent – MANUAL PA Ocrevus – MANUAL PA |
| MUSCULAR DYSTROPHY AGENTS | | | |
| | | EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VYONDYS 53 (golodirsen) | Emflaza – MANUAL PA Exondys – MANUAL PA Vyondys – MANUAL PA |
| NSAIDS SmartPA | | | |
| NON-SELECTIVE | | | |

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| | | |
|---|--|---|
| diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen ibuprofen suspension ^{OTC} indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam sulindac | ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac) | 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 |
|---|--|---|

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| | | | |
|------------------------|---|---|--|
| | | | |
| | NSAID/GI PROTECTANT COMBINATIONS | | 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 |
| | | ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole) | |
| | COX II SELECTIVE | | 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, GI Perforation, or Coagulation Disorder |
| | meloxicam | CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam) | |
| OPHTHALMIC ANTIBIOTICS | | | |
| | bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin | AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) | |

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| | | | |
|--|---|--|--|
| | GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin | 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 | | | |
| | BLEPHAMIDE (sulfacetamide/prednisolone) drops,oint neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone 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 | |

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| 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 (ketorolac) 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 <ul style="list-style-type: none"> 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% | ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACRAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIAE (cetirizine) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| OPHTHALMIC, DRY EYE AGENTS | | | |
| | RESTASIS droperette (cyclosporine) | CEQUA (cyclosporine 0.09%) | Minimum Age Limit |

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| | | | |
|--|---|--|--|
| | | RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA} | <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 |
| OPHTHALMIC, GLAUCOMA AGENTS ^{SmartPA} | | | |
| | BETA BLOCKERS | | <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 |
| | BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5% | BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol) | |
| | CARBONIC ANHYDRASE INHIBITORS | | |
| | dorzolamide | AZOPT (brinzolamide) TRUSOPT (dorzolamide) | |
| | COMBINATION AGENTS | | |

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| | | |
|--|--|---|
| | 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) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost) |
| | RHO KINASE INHIBITORS/COMBINATIONS | |
| | RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost) | |
| | SYMPATHOMIMETICS | |
| | brimonidine 0.2% | ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin) |

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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)

Buprenorphine/Naloxone and buprenorphine:

Non-Preferred Criteria:

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

Bunavail

NOTE: Bunavail is not indicated for induction therapy

- History of Suboxone therapy within the past 6 months **OR**
- History of Bunavail therapy within the past 3 months **AND**
- All other buprenorphine/naloxone provider summary found [here](#)

Probuphine – [MANUAL PA](#)
Sublocade – [MANUAL PA](#)
Vivitrol – [MANUAL PA](#)

TREATMENT

naloxone injection
NARCAN NASAL SPRAY (naloxone)

EVZIO (naloxone)

OTIC ANTIBIOTICS

CIPRODEX (ciprofloxacin/dexamethasone)
CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit}
ofloxacin

ciprofloxacin
ciprofloxacin/dexamethasone
ciprofloxacin/fluocinolone

Maximum Age Limit

- **9 years** - Cipro HC

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| | | | |
|-----------------------------------|---|--|---|
| | | CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone) | |
| PANCREATIC ENZYMES SmartPA | | | |
| | CREON (pancreatin) ZENPEP (pancrelipase) | PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase) | Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months |
| PARATHYROID AGENTS | | | |
| | calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol) | cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet) | |
| PHOSPHATE BINDERS | | | |
| | calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets | AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets | |

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| | | | |
|--|--|--|--|
| | | sevelamer HCl VELPHORO (sucroferic oxyhydronxide) | |
| PLATELET AGGREGATION INHIBITORS SmartPA | | | |
| | AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin labeler 70436 pentoxifylline prasugrel | dipyridamole/aspirin all other labelers DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/asprin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar) | Zontivity – MANUAL PA 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 |
| PLATELET STIMULATING AGENTS | | | |
| | PROMACTA (eltrombopag olamine) | DOPTelet (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) TAVALISSE (fostamatinib disodium) | |
| PRENATAL VITAMINS | | | |
| | COMPLETE NATAL DHA CONCEPT DHA Capsule PRENATA CHEWABLE Tablet PRENATAL PLUS Tablet PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet TRINATAL Rx 1 Tablet | Products not listed here are assumed to be Non-Preferred. | |

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| | | | |
|--|--|--|---|
| | TRIVEEN-DUO DHA COMBO PACK | | |
| PSEUDOBULBAR AFFECT AGENTS | | | |
| | | NUEDEXTA (dextromethorphan/quinidine) | Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Documented diagnosis for Pseudobulbar Affect |
| PULMONARY ANTIHYPERTENSIVES^{SmartPA} | | | |
| ENDOTHELIN RECEPTOR ANTAGONIST | | | |
| | ambrisentan TRACLEER (bosentan) Tablets | bosentan LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension | All PAH Agents <ul style="list-style-type: none"> Documented diagnosis of pulmonary hypertension 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 |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

Updated: 11-24-2020

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

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| SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS | | | |
|--|------------------------------------|--|---|
| | | UPTRAVI (selexipag) | Non-Preferred Criteria <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 |
| SOLUBLE GUANYLATE CYCLASE STIMULATORS | | | |
| | | ADEMPAS (riociguat) | Adempas <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 OR Clinical review required for PAH WHO Group 4 |
| ROSACEA TREATMENTS | | | |
| | metronidazole (cream, gel, lotion) | AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADÉ (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) | Topical Sulfonamides used for Rosacea will require a manual PA for ≥21 years. Other labeled indications are limited to <21 years. |

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| | | | |
|---------------------------|--|--|---|
| | | sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension) | |
| SEDATIVE HYPNOTICS | | | |
| | BENZODIAZEPINES SmartPA | | |
| | estazolam flurazepam temazepam (15mg and 30mg) | DALMANE (flurazepam) DAYVIGO (lemborexant) 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 Quantity limit per rolling days for all strengths. SmartPA will allow an early refill override for one dose or therapy change per year. • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days |
| | OTHERS SmartPA | | |

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| | | | |
|--------------------------------------|----------------------|--|--|
| | 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 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> <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) | |

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| | | | |
|--|---|--|---|
| | | | |
| | INTRAVAGINAL CONTRACEPTIVES | | |
| | ANNOVERA (segesterone/ethinyl estradiol) | | |
| | 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) AUROVELA 24FE (norethindrone/ethinyl estradiol/iron) BEYAZ (ethinyl estradiol / drospirenone/levomefolate) BLISOVI 24FE (norethindrone/ethinyl estradiol/iron) 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) HAILEY 24 FE (norethindrone/ethinylestradiol/iron) JOLESSA (levonorgestrel/ethinyl estradiol) JUNEL 24 FE (norethindrone/ethinylestradiol/iron) LARIN 24 FE (norethindrone/ethinylestradiol/iron) LAYOLIS FE (norethindrone/ethinylestradiol/iron) levonorgestrel/ethinyl estradiol LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) LO-ZUMANDIMINE (ethinyl estradiol/drospirenone) | Non-Preferred Criteria <ul style="list-style-type: none">• 1 claim with the requested agent in the past 105 days |

Non-Preferred Criteria

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

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| | | | |
|--|---|---|---|
| | | NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) PHILITH (norethindrone/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SIMPESS (levonorgestrel/ethinyl estradiol) SYEDA (ethinyl estradiol/drospirenone) TARNIA (norethindrone/ethinyl estradiol/iron) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZUMANDIMINE (ethinyl estradiol/drospirenone) | |
| SICKLE CELL AGENTS | | | |
| | DROXIA (hydroxyurea) hydroxyurea | ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea) | Endari – MANUAL PA Oxbryta – MANUAL PA |
| SKELETAL MUSCLE RELAXANTS SmartPA | | | |
| | baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets | AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) | Non-Preferred Agents <ul style="list-style-type: none"> Documented diagnosis for an approvable indication AND Have tried 2 different preferred agents in the past 6 months Carisoprodol <ul style="list-style-type: none"> Documented diagnosis of acute musculoskeletal condition AND NO history with meprobamate in the past 90 days AND |

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| | | | |
|-----------------------------------|---|---|---|
| | | metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine) | <ul style="list-style-type: none"> 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND <ul style="list-style-type: none"> Quantity Limit <ul style="list-style-type: none"> 18 tablets - to allow tapering off 84 tablets/6 months Carisoprodol with codeine <ul style="list-style-type: none"> Requires clinical review |
| SMOKING DETERRENT | | | |
| | NICOTINE TYPE | | |
| | nicotine gum ^{OTC} nicotine lozenge ^{OTC} nicotine mini lozenge ^{OTC} nicotine patch ^{OTC} | NICODERM CQ PATCH ^{OTC} NICORETTE GUM ^{OTC} NICORETTE LOZENGE ^{OTC} NICORETTE MINI LOZENGE ^{OTC} NICOTROL INHALER CARTRIDGE NICOTROL NASAL SPRAY | |
| | NON-NICOTINE TYPE | | |
| | bupropion ER CHANTIX (varenicline) | ZYBAN (bupropion) | Minimum Age Limit - Chantix <ul style="list-style-type: none"> 18 years Quantity Limit <ul style="list-style-type: none"> Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year Chantix Starter – 2 treatment courses/year |
| STEROIDS (Topical) SmartPA | | | |

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| LOW POTENCY | | | |
|----------------|---|---|--|
| | CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln. | alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide) | Non-Preferred Criteria • Have tried 2 different preferred low potency agents in the past 6 months |
| 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) | Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months |

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| | | | |
|--|--|---|--|
| | | fluocinonide 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) 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 | | | |

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| SHORT-ACTING | | |
|---|--|--|
| amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine) | ADDERALL (amphetamine salt combination) Amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine) | <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</p> <p>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 Short Acting 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,</p> |

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| | | | |
|--|--|--|---|
| | | | METHYLIN, PROCENTRA, RITALIN, ZENZEDI |
| | 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 Aptensio XR) 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, Cotempla XR ODT, Daytrana, Dexedrine, Dynavel XR, Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana Quantity Limit Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2020

Version 2020.6

Updated: 11-24-2020

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| | | | |
|--|--------------------------|--|--|
| | | | <p>ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi</p> <ul style="list-style-type: none"> • 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 Long Acting AGENTS</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 • 1 claim for a 30 day supply with the requested agent in the past 105 days |
| | NARCOLEPSY | | |
| | armodafinil modafinil | NUVIGIL (armodafinil) PROVIGIL (modafinil) SUNOSI (solriamfetol) WAKIX (pitolisant) XYREM (sodium oxybate) | <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL,QUILLICHEW,</p> |

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QUILLIVANT XR, RITALIN LA,
SUNOSI

Non-Preferred Criteria narcolepsy:

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

Nuvigil

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

Provigil

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

Sunosi

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| | | |
|-----------------------|---|--|
| | | <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 <p>Wakix</p> <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 <p>Xyrem and Xywav</p> <ul style="list-style-type: none"> Requires clinical review |
| NON-STIMULANTS | | |
| | atomoxetine guanfacine ER <small>Step Edit</small> | clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine) |
| | | <p>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 Quantity Limit Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> 31 tablets/31 days – Intuniv, Strattera </p> |

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| | | | |
|------------------------------|---|---|--|
| | | | <ul style="list-style-type: none"> • 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) DYNACIN (minocycline) MINOCIN (minocycline) MINOLIRA (minocycline) | <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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| | | | |
|---|--|--|---|
| | | 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) UCERIS (budesonide) | <p>Gender Limit</p> <ul style="list-style-type: none"> • Male - Giazio <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for Ulcerative Colitis AND • 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>budesonide EC</p> <ul style="list-style-type: none"> • Documented diagnosis for Crohn's disease OR • Documented diagnosis for Ulcerative Colitis AND • 2 different preferred agents in the past 6 months OR |

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| | | | |
|--|------------------------|--|---|
| | | | <ul style="list-style-type: none">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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