



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

EFFECTIVE 01/01/2021

Version 2020.1a

Updated: 10-06-2020

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		
	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	Maximum Age Limit • 21 years – all agents except isotretinoins
	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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PREFERRED BRANDS will not count toward the two brand monthly Rx limit.

Drugs highlighted in yellow denote a change in PDL status.

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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 <small>SmartPA</small>			
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)	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis for both preferred and non-preferred <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred

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		EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	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)	Namzarcic • 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) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine)	MS DOM Opioid Initiative • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limit Applicable <u>quantity limit</u> in 31 rolling days. • 62 tablets – bultalbital/codeine combinations, codeine,

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<p>tramadol tramadol/APAP</p>	<p>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) REPREXAIN (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)</p>	<p>dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol</p> <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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		<p>VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)</p>	
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	<p>BUTRANS (buprenorphine) fentanyl patches morphine ER tablets</p>	<p>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</p>	<p>MS DOM Opioid Initiative</p> <ul style="list-style-type: none"> • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines <p>Criteria details found here</p> <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER, tramadol products <p>Quantity Limit</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <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, oxycodone ER, Oxycontin, Xtampza

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		<p>ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)</p>	<p>ER, Zohydro ER</p> <ul style="list-style-type: none"> • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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)			
	<p>diclofenac sodium 1% gel diclofenac sodium solution VOLTAREN Gel (diclofenac sodium) SmartPA</p>	<p>capsaicin DICLO GEL KIT(diclofenac sodium) FLECTOR (diclofenac epolamine) SmartPA FROTEK (ketoprofen) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) SmartPA LIDTOPIC MAX (lidocaine) PENNSAID Solution (diclofenac sodium) SmartPA SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Lidoderm</p> <ul style="list-style-type: none"> • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy <p>ZTlido</p> <ul style="list-style-type: none"> • Documented diagnosis of Herpetic Neuralgia

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		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)	<p>All Agents</p> <ul style="list-style-type: none"> Limited to male gender <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
		ACE INHIBITORS	
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <i>single entity</i> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
		ACE INHIBITOR COMBINATIONS	

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	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p>Non-Preferred Criteria ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>ACE/CCB</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>ACE Inhibitor/Diuretic</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>ACE/Diuretic</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	irbesartan losartan olmesartan telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ARB COMBINATIONS			
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine)	<p>Entresto</p> <ul style="list-style-type: none"> • Age ≥ 18 years AND • Documented diagnosis of heart failure OR

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	olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	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"> • 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			
		TEKTURNA (aliskiren)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of hypertension AND • Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR • 90 consecutive days on the

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			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)	
LINCOSAMIDE ANTIBIOTICS			
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	

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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)
PLEUROMUTLINS		
		XENLETA (lefamulin)
ANTIBIOTICS (Topical)		

Sivextro, Zyvox - [MANUAL PA](#)

Quantity Limit
• 6 tablets/month – Sivextro

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	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)	<p><u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee

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			<p>replacement AND duration of therapy limited to 12 days</p> <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 same agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
enoxaparin		ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> • LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> ○ Documented diagnosis of cancer OR ○ Female and age 8 to 51 years <p>OR</p>

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

LMWH Non-Preferred Criteria

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

ANTICONVULSANTS SmartPA

ADJUVANTS

carbamazepine
 carbamazepine suspension
 carbamazepine ER
 DEPAKOTE ER (divalproex)
 DEPAKOTE SPRINKLE (divalproex)
 divalproex
 divalproex ER
 divalproex sprinkle
 EPITOL (carbamazepine)
 gabapentin
 GABITRIL (tiagabine)

APTIOM (eslicarbazepine)
 BANZEL (rufinamide)
 BRIVIACT (brivaracetam)
 carbamazepine XR
 CARBATROL (carbamazepine)
 DEPAKENE (valproic acid)
 DEPAKOTE (divalproex)
 DIACOMIT (stiripentol)
 EPIDIOLEX (cannabidiol)
 EQUETRO (carbamazepine)
 felbamate
 FELBATOL (felbamate)

Minimum Age Limit

- **1 year** - Banzel
- **2 years** – Diacomit, Epidiolex, Onfi, Sympazan

Non-Preferred Criteria

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

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<p>lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide</p>		<p>FINTEPLA (fenfluramine) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin XCOPRI (cenobamate)</p>	<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 • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> • Documented diagnosis of infantile spasms OR • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the
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			<p>requested agent in the past 105 days AND documented diagnosis of seizure</p> <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR 30 day trial with topiramate IR in the past 6 months
SELECTED BENZODIAZEPINES			
	<p>clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)</p>	<p>DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Nayzilam 6 years – Valtoco <p>Quantity Limit</p> <ul style="list-style-type: none"> 2 Twin Packs/31 days – Diastat 2 Packages /31 days – Nayzilam 2 Cartons/31 days - Valtoco
HYDANTOINS			
	<p>DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin</p>	<p>PEGANONE (ethotoin)</p>	
SUCCINIMIDES			
	<p>ethosuximide</p>	<p>CELONTIN (methsuximide) ZARONTIN (ethosuximide)</p>	

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ANTIDEPRESSANTS, OTHER <small>SmartPA</small>		
bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<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 '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p>
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>		
citalopram	CELEXA (citalopram) fluoxetine DR	<p>Minimum Age Limit</p>

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	<p>escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline</p>	<p>fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)</p>	<ul style="list-style-type: none"> • 6 years - Zoloft • 7 years – Prozac • 8 years - Luvox • 12 years - Lexapro • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p> <ul style="list-style-type: none"> • <18 years and 90 consecutive days on citalopram in the past 105 days OR • < 60 years AND max daily dose ≤ 40 mg/day OR • ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
<p>ANTIEMETICS SmartPA</p>			
<p style="text-align: center;">5HT3 RECEPTOR BLOCKERS</p>			
	<p>ondansetron ondansetron ODT ondansetron solution</p>	<p>ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLLENZ (ondansetron)</p>	<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

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			past 6 months Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital
ANTIEMETIC COMBINATIONS			
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine	
CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
NMDA RECEPTOR ANTAGONIST			
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	Varubi - <u>MANUAL PA</u> <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND History of prior use of preferred combination antiemetic therapy AND Concurrent use of dexamethasone and 5-HT3 per PI
ANTIFUNGALS (Oral) SmartPA			

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clotrimazole
fluconazole
griseofulvin microsize suspension
nystatin
terbinafine

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

Minimum Age Limit

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

Non-Preferred Criteria

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

HIV opportunistic infection

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

Cresemba - MANUAL PA

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

Sporanox

- HIV opportunistic infection criteria **OR**
- Documented diagnosis of a transplant **OR**
- History of an immunosuppressant in the past 6 months **OR**
- Have tried 2 different preferred

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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

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

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

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ANTIFUNGAL/STEROID COMBINATIONS

clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)
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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
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ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA

MINIMALLY SEDATING ANTI-HISTAMINES

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

- Documented diagnosis of allergy or urticaria **AND**
- Have tried 2 different preferred agents in the past 12 months

MINIMALLY SEDATING ANTI-HISTAMINE/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)

Minimum Age Limit

- 18 years – Nurtec ODT, Ubrelyv

**Nurtec ODT

Preferred with a trial and failure of 2 triptans in the past 90 days -OR- Diagnosis of underlying cardiovascular disease

Quantity Limit

- 8 tablets/31 days- Nurtec ODT, Ubrelyv

INJECTIBLES

AJOVY AUTOINJECTOR (fremanezumab-vfrm)
AJOVY SYRINGE (fremanezumab-vfrm)
EMGALITY PEN (galcanezumab-gnlm)

AIMOVIQ AUTOINJECTOR (erenumab-aooe)
EMGALITY SYRINGE (galcanezumab-gnlm)
EMGALITY STEP SYRINGE (galcanezumab-gnlm)
VYEPTI (eptinezumab-jjmr)

ANTIMIGRAINE AGENTS, TRIPTANS & RELATED AGENTS^{SmartPA}

ORAL

naratriptan
rizatriptan
rizatriptan ODT
sumatriptan tablets
zolmitriptan
zolmitriptan ODT

Almotriptan
AMERGE (naratriptan)
AXERT (almotriptan)
eletriptan
FROVA (frovatriptan)
frovatriptan

Minimum Age Limit – ALL FORMULATIONS

- 6 years – Maxalt
- 12-17 years – Axert, Treximet, Zomig nasal spray *Smart PA will automatically be issued for this age range*

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		IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	<ul style="list-style-type: none"> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Tosymra, Zembrace Symtouch, Zomig tablets <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> • 6 tablets/31 days - Axert, Relpax Zomig • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> <ul style="list-style-type: none"> • Have tried 2 preferred preferred oral agents in the past 90 days <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - Reyvow <p>Quantity Limit - Reyvow</p> <ul style="list-style-type: none"> • 4 tablets/31 days
NASAL			
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ZOMIG (zolmitriptan)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days <p>Non-Preferred Criteria - NASAL</p> <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)	<p>CUMULATIVE Quantity Limit - INJECTION</p>

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4 injections/31 days

Quantity Limit PATCH

• 4 patches/31 days

*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS

AFINITOR (everolimus)
BOSULIF (bosutinib)
CAPRELSA (vandetanib)
COMETRIQ (cabozantinib)
COTELLIC (cobimetinib)
GILOTRIF (afatinib)
ICLUSIG (ponatinib)
imatinib mesylate
IMBRUVICA (ibrutinib)
INLYTA (axitinib)
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)

ALECENSA (alectinib)
ALUNBRIG (brigatinib)
AYVAKIT (avapritinib)
BALVERSA (erdafitinib)
BRAFTOVI (encorafenib)
BRUKINSA (zanubrutinib)
COPIKTRA (duvelisib)
CABOMETYX (cabozantinib s-malate)
CALQUENCE (acalabrutinib)
DAURISMO (glasdegib)
ERLEADA (apalutamide)
FARYDAK (panobinostat)
GLEEVEC (imatinib mesylate)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) *SmartPA*
IDHIFA (enasidenib)
INREBIC (fedratinib)
KISQALI (ribociclib)
KOSELUGO (selumetinib)
LENVIMA (lenvatinib) *SmartPA*
LORBRENA (lorlatinib)
LYNPARZA (olaparib) *SmartPA*
MEKTOVI (binimetinib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)
PEMAZYRE (pemigatinib)
PIQRAY (alpelisib)

Farydak - [MANUAL PA](#)

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

ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma **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

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ZELBORAF (vemurafenib)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)

QINLOCK (ripretinib)
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)

carcinoma **AND**

- History of 1 claim for everolimus in the past 30 days **AND**
- History of 1 anti-angiogenic agent in the past 2 years.

Lynparza Capsules - [MANUAL PA](#)

Lynparza Tablets

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

ANTIPARASITICS (Topical) ^{SmartPA}

PEDICULICIDES

permethrin 1%^{OTC}
NATROBA (spinosad)

lindane
malathion
OVIDE (malathion)
SKLICE (ivermectin)
spinosad
VANALICE (piperonyl butoxide/pyrethrins)

Minimum Age/Weight Limit for Pediculicides

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

Non-Preferred Criteria

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

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SCABICIDES			
permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 18 years – Eurax <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days 	
ANTIPARKINSON'S AGENTS (Oral) <small>SmartPA</small>			
ANTICHOLINERGICS			
benztropine trihexyphenidyl	COGENTIN (benztropine)	<p>Non-Preferred Criteria</p> <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 	
COMT INHIBITORS			
entacapone	COMTAN (entacapone) TASMAR (tolcapone) Tolcapone		
DOPAMINE AGONISTS			
ropinirole	<p>KYNMOBI FILM (apomorphine)</p> <p>MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER</p>		

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		REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
MAO-B INHIBITORS			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a preferred carbidopa/levodopa combination product in the past 30 days AND • History of selegiline product in the past 45 days
OTHERS			
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) 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

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ANTIPSYCHOTICS SmartPA

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

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INJECTABLE, ATYPICALS <small>SmartPA</small>	
ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)
TRANSDERMAL, ATYPICALS	
SECUADO (asenapine)	

Nuplazid

- Documented diagnosis of Parkinson's disease

Minimum Age Limit

- **18 years** – all injectable agents

Quantity Limit

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

**Long Acting Injectable Agents
All Agents**

- Documented diagnosis of schizophrenia or schizoaffective disorder

**Abilify Maintena or Risperdal
Consta**

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

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ANTIRETROVIRALS SmartPA

SINGLE TABLET REGIMENS		<p>Stribild – MANUAL PA</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 compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
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)	
CD4 ATTACHMENT INHIBITORS		<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days
RUKOBIA (fostemsavir tromethamine ER)		
INTEGRASE STRAND TRANSFER INHIBITORS		
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate EMTRIVA (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate)	

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

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		ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)			
	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR			
		TYBOST (cobicistat)	Tybost - MANUAL PA
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)	

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ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)
COMBINATION PRODUCTS – NRTIs		
abacavir/lamivudine lamivudine/zidovudine		abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)	
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)	

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ANTIVIRALS (Oral)

ANTI-CYTOMEGALOVIRUS AGENTS

valganciclovir tablets

PREVYMIS (letermovir)
VALCYTE (valganciclovir)
valganciclovir solution

valganciclovir solution – automatic approval for age <12 years

Prevymis

Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease

- 18 years or older **AND**
- Post hematopoietic stem cell transplant (HSCT) within the past 28 days **AND**
- CMV sero-positive recipient [R+] **AND**
- NO severe (Child-Pugh Class C) hepatic impairment

ANTI-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)

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ANTIVIRALS (Topical)

	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENAVER (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
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AROMATASE INHIBITORS

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

	pimecrolimus labeler 68682 tacrolimus labeler 45802	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) Tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Eucrisa</p> <ul style="list-style-type: none"> • History of 28 days of therapy with a calcineurin inhibitor AND • History of 28 days of therapy with a topical steroid in the past year <p>Dupixent- MANUAL PA</p>
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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)	<p>Bystolic – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months <p>Non-Preferred Criteria – All Agents</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
BETA- AND ALPHA-BLOCKERS		
carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p>Coreg CR</p> <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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

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		<p>OXYTROL (oxybutynin) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin)</p>	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	<p>alendronate ibandronate risedronate</p>	<p>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</p>	<p>Non-Preferred Criteria</p> <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			
		<p>calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)</p>	

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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)	<p>Female</p> <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis <p>Non-Preferred Criteria - MALE</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 	
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) SPIRIVA RESPIMAT (tiotropium) <small>SmartPA</small> TUDORZA PRESSAIR (aclidinium)	<p>Minimum Age Limit 6 years – Spiriva Respimat</p> <p>Spiriva Respimat</p> <ul style="list-style-type: none"> Automatic approval for ≥ 6 years with a diagnosis of asthma

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		YUPELRI (revefenacin)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) ^{SmartPA} UTIBRON (indacaterol/glycopyrrolate)	DUAKLIR PRESSAIR (aclidinium/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	
ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOID COMBINATIONS			
		BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA levalbuterol HFA PROAIR DIGIHALER (albuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	Minimum Age Limit • 4 years - Xopenex HFA Xopenex HFA • 1 claim for a preferred albuterol inhaler in the past 30 days
INHALERS, LONG ACTING ^{SmartPA}			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Minimum Age Limit • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat

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

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CALCIUM CHANNEL BLOCKERS SmartPA

SHORT-ACTING	
diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)
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)

Quantity Limit - nimodipine

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

Non-Preferred Criteria

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

nimodipine

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

Non-Preferred Criteria

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

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		SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	Non-Preferred Agents - <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 SmartPA			

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	cefadroxil cephalixin capsules cephalixin suspension	cephalixin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation 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)	Minimum Age Limit <ul style="list-style-type: none"> 3 months – Pulmozyme 6 months – Kalydeco Granules 2 years – Coly-Mycin M, Orkambi Granules

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

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	<p>TALTZ (ixekizumab) XELJANZ (tofacitinib)</p>	<p>CIMZIA (certolizumab) COSENTYX (secukinumab) SmartPA ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ XR (tofacitinib)</p>	<p>at Point of Sale without justification.</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			
	<p>EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)</p>	<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>

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

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

ADVATE
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

IDELVION
REBINYN

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

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		NOROXIN (norfloxacin) ofloxacin	agent from 2 of the classes below in the past 3 months o Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND o Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) 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) TOLAK (fluorouracil) VEREGEN (sinecatechins) <small>Age Edit</small>	Minimum Age Limit • 12 years – Aldara • 18 years – Condylox, Picato, Veregen

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

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PROTON PUMP INHIBITORS		
esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) Rabeprazole	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) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	All Agents for Age ≥ 18 years • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR • Documented procedure of cranial irradiation Non-Preferred Criteria

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- 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)

Quantity Limit

- 1 treatment course/year

HEPATITIS B TREATMENTS

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

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

HEPATITIS C TREATMENTS

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

COPEGUS (ribavirin)
DAKLINZA (daclatasvir) [∞]
EPCLUSA (sofosbuvir/velpatasvir) [∞]
HARVONI (ledipasvir/sofosbuvir)[∞]
ledipasvir/sofosbuvir[∞]
MODERIBA (ribavirin)
OLYSIO (simeprevir)
REBETOL (ribavirin)
RIBASPHERE (ribavirin)
RIBASPHERE RIBAPAK DOSEPACK (ribavirin)

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

Note: Harvoni and Sovaldi have FDA pediatric indications

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

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		ribavirin capsules SOVALDI (sofosbuvir) [∞] TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) [∞] ZEPATIER (elbasvir/grazoprevir) [∞]	
HEREDITARY ANGIOEDEMA			
		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) febuxostat GLOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMIA TREATMENTS, GLUCAGON			
	BAQSIMI (glucagon) ^{Step Edit}	GVOKE (glucagon)	Baqsimi

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

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- 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes

Kombiglyze XR and Onglyza

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

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

BYETTA (exenatide)

TRULICITY (dulaglutide)

VICTOZA (liraglutide)

ADLYXIN (lixisenatide)

BYDUREON (exenatide)

BYDUREON BCISE (exenatide)

OZEMPIC (semaglutide)

RYBELSUS (semaglutide)

SOLIQUA (insulin glargine/lixisenatide)

SYMLIN (pramlintide)

XULTOPHY (insulin degludec/ liraglutide)

MANUAL PA

- Required with concomitant use of DPP-4 product in the past 30 days **OR**
- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes

Symlin is excluded from all criteria

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HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

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*
 LYUMJEV KWIKPEN (insulin lispro)
 LYUMJEV VIAL (insulin lispro)
 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)

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

Non-Preferred Criteria

- Documented diagnosis of Diabetes Mellitus **AND**
- Have tried 1 preferred product in the past 6 months **OR**
- 1 claim with the same agent in the past 105 days

HYPOGLYCEMICS, MEGLITINIDES SmartPA

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

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		<p>SEGLUOMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDYXR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)</p>	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	<p>ACTOS (pioglitazone) AVANDIA (rosiglitazone)</p>	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
TZD COMBINATIONS			
	pioglitazone/metformin	<p>ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride</p>	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	<p>ESBRIET (pirfenidone) OFEV (nintedanib)</p>		<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Idiopathic Pulmonary Fibrosis <p>Esbriet & OFEV</p>

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IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>		
AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus)	<ul style="list-style-type: none"> No concurrent therapy with either agent <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 13 years - Rapamune 18 years - Zortress <p>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</p> <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis <p>Azasan</p> <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 A MANUAL PA review 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>

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			<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 OCTAGAM PANZYGA XEMBIFY	ASCENIV BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN	
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)	
ANTIHISTAMINES			
	azelastine	ASTEPRO (azelastine) olopatadine	

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

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		<p>SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)</p>	<p>Gender Limit</p> <ul style="list-style-type: none"> • Female - Amitiza 8mcg <p>Chronic Idiopathic Constipation (CIC) AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTTEGRITY, 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 <p>Non-Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the same agent in the past 105 days <p>Irritable Bowel Syndrome – Constipation Dominant (IBS-C) AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <p>All IBS-C Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of IBS-C in the past year AND • No history of GI or bowel obstruction <p>Non-Preferred IBS-C Agents</p> <ul style="list-style-type: none"> • Above IBS-C criteria AND
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	<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>	<ul style="list-style-type: none"> 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the same agent in the past 105 days <p>Opioid Induced Constipation (OIC) AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none"> Documented diagnosis of OIC in the past year AND 1 claim for an opioid in the past 30 days AND No history of GI or bowel obstruction AND Documented diagnosis of chronic pain in the past year <p>Non- Preferred OIC Agents</p> <ul style="list-style-type: none"> Above OIC criteria AND 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> Above OIC criteria AND Documented diagnosis of active cancer in the past year AND Documented diagnosis of palliative care in the past 6 months
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Version 2020.1a

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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 same agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>
SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
	FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBATIVE (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>

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			<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, ZORBITIVE</p> <p>Gattex or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Nutrestore - <u>MANUAL PA</u></p>
LEUKOTRIENE MODIFIERS SmartPA			<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Zylfo & Zylfo CR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
montelukast granules montelukast tablets zafirlukast		ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	
LIPOTROPICS, OTHER (NON-STATINS) SmartPA			
ACL INHIBITORS AND COMBINATIONS			
		NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	

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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 antidiabetic agent in the past 180 days OR ○ Pregnant female OR ○ Documented diagnosis of liver disease OR ○ Documented diagnosis for hypertriglyceridemia OR ○ Clinical justification a statin or statin combination product cannot be used <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months

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

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

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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)	Quantity Limit • 2 kits/31 days
MISCELLANEOUS		
alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER EVRYSDI (risdiplam) 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)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	

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

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		TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod) ZINBRYTA (daclizumab)	
MUSCULAR DYSTROPHY AGENTS			
		EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)	Exondys & Vyondys- <u>MANUAL PA</u>
NSAIDS <small>SmartPA</small>			
		NON-SELECTIVE	
	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	Non-Preferred Criteria • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		<p>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)</p>	
NSAID/GI PROTECTANT COMBINATIONS			
		<p>ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
COX II SELECTIVE			
	meloxicam	<p>CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)</p>	<p>Non-Preferred Criteria – COX II</p> <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

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Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

OPHTHALMIC ANTIBIOTICS

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

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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

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

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

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

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	<p>ALREX (lorteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%</p>	<p>ALOCRI (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIA (cetirizine)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
OPHTHALMIC, DRY EYE AGENTS			
	<p>RESTASIS droperette (cyclosporine)</p>	<p>CEQUA (cyclosporine 0.09%) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast)^{Smart PA}</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa <p>Quantity Limit</p> <ul style="list-style-type: none"> • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> • History of 4 claims for Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS ^{SmartPA}			
BETA BLOCKERS			

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	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	<p>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
CARBONIC ANHYDRASE INHIBITORS			
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) SIMBRINZA (brinzolamide/brimonidine)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost	bimatoprost LUMIGAN (bimatoprost) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost)	

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

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			Probuphine, Sublocade, Vivitrol - MANUAL PA
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> ofloxacin	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone 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)	Maximum Age Limit • 9 years - Cipro HC
PANCREATIC ENZYMES <small>SmartPA</small>			
	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 ROCALTRON (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone)	

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		<p>RAYALDEE (calcifediol) SENSIPAR (cinacalcet)</p>	
PHOSPHATE BINDERS			
	<p>calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets</p>	<p>AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)</p>	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	<p>AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin labeler 70436 pentoxifylline prasugrel</p>	<p>dipyridamole/aspirin all other labelers DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar) <small>Clinical Edit</small></p>	<p>Zontivity – <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • Documented diagnosis of myocardial infarction or peripheral artery disease AND • No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage AND • Concurrent therapy with aspirin and/or clopidogrel <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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PLATELET STIMULATING AGENTS			
	PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) TAVALISSE (fostamatinib disodium)	
PRENATAL VITAMINS			
	COMPLETE NATAL DHA CONCEPT DHA Capsule M-NATAL PLUS Tablet PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet PRETAB Tablet TRINATAL Rx 1 Tablet TRIVEEN-DUO DHA COMBO PACK VOL-PLUS Tablet	Products not listed here are assumed to be Non-Preferred.	
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)	All PAH Agents – Preferred and Non-Preferred <ul style="list-style-type: none"> • Documented diagnosis of

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		TRACLEER (bosentan) Suspension	<p>pulmonary hypertension</p> <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
PDE5's			
	sildenafil (generic Revatio) tablet tadalafil	<p>ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension</p>	<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 <p>Revatio suspension</p> <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

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			<ul style="list-style-type: none"> on the requested agent in the past 105 days > 1 years of age AND Non-Preferred Criteria
PROSTACYCLINS			
		ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)	Non-Preferred Criteria <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
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 MANUAL PA for PAH WHO Group 4

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ROSACEA TREATMENTS

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

BENZODIAZEPINES <small>SmartPA</small>			
	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 <ul style="list-style-type: none"> Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limit – CUMULATIVE

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		OTHERS SmartPA	
			<p>Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days - all strengths <p>Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> • 10 units/31 days • 60 units/365 days
	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>

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

SELECT CONTRACEPTIVE PRODUCTS

INJECTABLE CONTRACEPTIVES

medroxyprogesterone acetate IM

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

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)

Non-Preferred Criteria

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

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		<p>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) 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)</p>	
SICKLE CELL AGENTS			
	<p>DROXIA (hydroxyurea) hydroxyurea</p>	<p>ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)</p>	
SKELETAL MUSCLE RELAXANTS <small>SmartPA</small>			
	<p>baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol</p>	<p>AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg</p>	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis for an approvable indication AND • Have tried 2 different preferred

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	tizanidine tablets	cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	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 • 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND • Quantity Limit <ul style="list-style-type: none"> ○ 18 tablets - to allow tapering off ○ 84 tablets/6 months Carisoprodol with codeine MANUAL PA
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

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			<p>continuing pack – 336 tablets/year</p> <ul style="list-style-type: none"> • Chantix Starter – 2 treatment courses/year
STERIODS (Topical) SmartPA			
LOW POTENCY			
	<p>CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.</p>	<p>alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	<p>fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)</p>	<p>betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred medium potency agents in the past 6 months
HIGH POTENCY			
	<p>amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone</p>	<p>amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred high potency agents in the past 6 months

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	triamcinolone	desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
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)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred very high potency agents in the past 6 months

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ULTRAVATE Ointment (halobetasol)

STIMULANTS AND RELATED AGENTS SmartPA

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)

Minimum Age Limit

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

Maximum Age Limit

- **18 years** – Evekeo ODT

Quantity Limit

Applicable quantity limit per rolling days

- **62 tablets/31 days** – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi
- **310 mL/31 days** – Methylin solution, Procentra

Documented diagnosis of ADHD –

ALL Short Acting AGENTS

Non-Preferred Criteria ADD/ADHD:

- Documented diagnosis of ADD/ADHD **AND**
- Have tried 2 different preferred Short Acting agents in the past 6 months **OR**
- 1 claim for a 30 day supply with the

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			<p>requested agent in the past 105 days</p> <p>Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI</p>
LONG-ACTING			
	<p>amphetamine salt combination ER DYNAVEL XR (amphetamine) FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate LA QUILLICHEW (methylphenidate)</p>	<p>ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER caps (generic Ritalin LA) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) QUILLIVANT XR (methylphenidate) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)</p>	<p>Minimum Age Limit</p> <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 <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana <p>Quantity Limit</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT,

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		<p>VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)</p>	<p>Apensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi</p> <ul style="list-style-type: none"> • 46.5 tablets/31 days – Provigil 100 mg • 62 tablets/31 days – Concerta 36mg, Cotempla 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 – ALL Long Acting AGENTS</u></p> <p><u>Documented diagnosis of binge eating disorder – VYVANSE</u></p> <p><u>Non-Preferred Criteria ADD/ADHD:</u></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 <p><u>Documented diagnosis of</u></p>
NARCOLEPSY			
armodafinil		NUVIGIL (armodafinil)	

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modafinil

PROVIGIL (modafinil)
SUNOSI (solriamfetol)
WAKIX (pitolisant)
XYREM (sodium oxybate)

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

Non-Preferred Criteria narcolepsy:

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

Nuvigil

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

Provigil

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

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NON-STIMULANTS		<p>Syndrome</p> <p>Sunosi</p> <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>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>
atomoxetine guanfacine ER <i>Step Edit</i>	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)	

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- **62 tablets/31days** - Wakix
 - **124 tablets/31 days** – Kapvay
- Intuniv**
- Have tried the short acting guanfacine in the past 6 months **OR**
 - 1 claim for a 30 day supply with guanfacine ER in the past 105 days
- Kapvay**
- Diagnosis for ADD or ADHD **AND**
 - Have tried 1 Short or Long Acting stimulant in the past 6 months **OR**
 - Have tried 1 preferred Non-Stimulant in the past 6 months **OR**
 - Have tried the short acting product in the past 6 months

TETRACYCLINES SmartPA

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

ACTICLATE (doxycycline)
ADOXA (doxycycline monohydrate)
demeclocycline
doxycycline hyclate (generic Doryx)
doxycycline monohydrate caps (75mg & 150mg)
doxycycline monohydrate tabs
DORYX (doxycycline hyclate)
DYNACIN (minocycline)
MINOCIN (minocycline)
MINOLIRA (minocycline)
minocycline ER
minocycline tabs

Non-Preferred Agents

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

Demeclocycline

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

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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 ^{SmartPA} *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)
ORTIKOS (budesonide)
PENTASA 250mg (mesalamine)
PENTASA 500mg (mesalamine)
UCERIS (budesonide)

Gender Limit

- **Male** - Giazio

Non-Preferred Criteria

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

budesonide EC

- Documented diagnosis for Crohn's disease **OR**
- 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

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021
Version 2020.1a
Updated: 10-06-2020

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.

RECTAL			
	mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

DRAFT

Drug coverage subject to the rules and regulations set forth in Sec. 1927 of Social Security Act. This is not an all-inclusive list of available covered drugs and includes only managed categories.

Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.

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

Drugs highlighted in yellow denote a change in PDL status.

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

A # denotes existing users will NOT be grandfathered.

To search the PDL, press CTRL + F