

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

Version 2021.13a

Updated: 8-30-2021

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

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents except isotretinoin
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapsone) 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) dapsone ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene)	

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

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	benzoyl peroxide bar, cleanser, cream, gel, lotion, wash ^{Rx & OTC}	benzoyl peroxide foam ^{Rx & OTC} BP 5.5% (benzoyl peroxide) BPO (benzoyl peroxide) ^{Rx & OTC} INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PANOXYL BAR 10% (benzoyl peroxide) ^{OTC} PANOXYL CREAM 3% (benzoyl peroxide) ^{OTC} OC8 GEL (benzoyl peroxide) ^{OTC}	
ISOTRETINOIN			
	ACCUTANE (isotretinoin) AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) ABSORICA LD (isotretinoin)	Available for all ages
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
ALZHEIMER'S AGENTS SmartPA			
CHOLINESTERASE INHIBITORS			
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg	All Agents • Documented diagnosis for both preferred and non-preferred Non-Preferred Criteria

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	rivastigmine patches	EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR	
	COMBINATION AGENTS		Namzaric - Documented diagnosis AND 30 days of concurrent therapy with donepezil + memantine in the past 6 months
		NAMZARIC (memantine/donepezil)	
ANALGESICS, OPIOID- 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	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.

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pentazocine/APAP tramadol tramadol/APAP	hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol)^{NR} REPREXINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP)	• 62 tablets – buprenorphine/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – buprenorphine/APAP 750 • 145 tablets – buprenorphine/APAP 650 • 186 tablets – buprenorphine/APAP 325, buprenorphine/ASA 325 • 5mL (2 x 2.5 bottles) – buprenorphine nasal • 180 mL CUMULATIVE – oxycodone liquids • 280 mL CUMULATIVE – Qdolo
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		VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, OPIOID - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxycodone) oxycodone ER OXYCONTIN (oxycodone) oxycodone ER RYZOLT (tramadol) tramadol ER	MS DOM Opioid Initiative • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit • 18 years – Xartemis XR, Zohydro ER, tramadol products Quantity Limit Applicable <u>quantity limit</u> per rolling days • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • 62 tablets/31 days – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER,

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		ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on the requested agent in the past 105 days
ANALGESICS/ANESTHETICS (Topical)			
	diclofenac sodium 1% gel diclofenac sodium 1.5% solution VOLTAREN Gel (diclofenac sodium) SmartPA	capsaicin diclofenac epolamine patch SmartPA diclofenac sodium 3% gel FLECTOR Patch(diclofenac epolamine) SmartPA FROTEK (ketoprofen) LICART (diclofenac epolamine) ^{NR} LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) SmartPA LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) SmartPA	Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months Lidoderm • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy ZTlido • Documented diagnosis of Herpetic Neuralgia

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		SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) VENNGEL ONE 1% kit (diclofenac sodium) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)	
ANDROGENIC AGENTS SmartPA			
	ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate)	All Agents - Limited to male gender Non-Preferred Criteria - 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)	Minimum Age Limit ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> Non-Preferred Criteria - Have tried 2 different preferred <i>single entity</i> agents in the past 6 months OR

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		UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	90 consecutive days on the requested agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	Non-Preferred Criteria ACE Inhibitor/CCB - 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 ACE Inhibitor/Diuretic - 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)	Non-Preferred Criteria - Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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ARB COMBINATIONS		
ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOL (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) TWINSTA (telmisartan/amlodipine)	Entresto • Age ≥ 18 years AND • Documented diagnosis of heart failure OR • Age ≥ 1 year AND • Documented diagnosis of heart failure with systemic ventricular systolic dysfunction Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic • 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 ARB/Diuretic • 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)	Non-Preferred Criteria

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			- Documented diagnosis of hypertension AND - Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTRNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	Non-Preferred Criteria - 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)			

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

Version 2021.13a

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

Sivextro – [MANUAL PA](#)
Zyvox - [MANUAL PA](#)

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			Quantity Limit • 6 tablets/month – Sivextro
	PLEUROMUTLINS		
		XENLETA (lefamulin)	
ANTIBIOTICS (Topical)			
	bacitracin ^{OTC} bacitracin/polymyxin ^{OTC} gentamicin sulfate mupirocin ointment neomycin/bacitracin/polymyxin ^{OTC}	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/Hc) mupirocin cream NEOSPORIN (neomycin/bacitracin/polymyxin) ^{OTC} XEPI (ozenoxacin)	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG 70 total days of therapy per calendar year - Documented diagnosis of hip replacement AND - Duration of therapy limited to 35 days

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			<u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS 70 total days of therapy per calendar year - Documented diagnosis of knee replacement AND - Duration of therapy limited to 12 days Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE XARELTO 2.5MG - 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 Non-Preferred Criteria - Have tried 2 different preferred agents in the past 6 months OR 1 claim with the requested agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		

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	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	LMWH – All Agents - LMWH therapy in the past 3 months AND - Documented diagnosis of cancer OR - Female and age 8 to 51 years OR - NO LMWH therapy in the past 3 months AND - Duration of therapy is ≤ 17 days OR - Documented diagnosis of cancer OR - Female age 8 to 51 years OR - Total hip/knee replacement or hip fracture surgery in the past 6 months AND - Duration of therapy ≤ 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	APTiom (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid)	Minimum Age Limit 1 year – Banzel, Epidiolex 2 years – Diacomit, Onfi, Sympazan Non-Preferred Criteria

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divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol) ELEPSIA XR (levetiracetam)^{NR} EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) 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)	• Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND • Documented diagnosis of seizure Banzel, Onfi, Sympazan • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND • Documented diagnosis of seizure Diacomit • Documented diagnosis of Dravet syndrome AND • Active claim for clobazam Epidiolex • Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days
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		TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin XCOPRI (cenobamate)	Fintepla - Requires clinical review Sabril Powder for Oral Solution - Documented diagnosis of infantile spasms OR - Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND - Documented diagnosis of seizure Topiramate ER – Step Edit 90 consecutive days on the requested agent in the past 105 days AND - Documented diagnosis of seizure OR 30 day trial with topiramate IR in the past 6 months
	SELECTED BENZODIAZEPINES		
	clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)	Minimum Age Limit 12 years – Nayzilam 6 years – Valtoco Quantity Limit 2 Twin Packs/31 days – Diastat 2 Packages /31 days – Nayzilam 2 Cartons/31 days - Valtoco

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HYDANTOINS			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VILBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine) 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)	Minimum Age Limit • 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> Non-Preferred Criteria • Have tried 2 different preferred '<i>Antidepressants, Other</i>' Class in the past 6 months OR • Have tried BOTH a preferred '<i>Antidepressant, SSRI</i>' and

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

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ANTIEMETICS SmartPA

5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)
Quantity Limit • 4 tablets/28 days - Varubi • 6 tablets/31 days – Akynzeo • 30 tablets/31 days – Zofran tablets/ODT • 100 ml/31 days – Zofran solution Non-Preferred Agents • Have tried 1 preferred agent in the past 6 months Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital		
ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine
CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)
NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)
Varubi - MANUAL PA		

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 <u>Smart PA will automatically be issued for this age range</u> • 12-17 years – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u> 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 - <u>MANUAL PA</u> • 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
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			Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole cream/solution ^{Rx & OTC} ketoconazole shampoo LUZU (luliconazole) 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) 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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ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)
ANTIFUNGALS (VAGINAL)		
	clotrimazole vaginal cream ^{OTC} miconazole 1, 7cream ^{OTC} TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository ^{OTC} TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole
ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA		
MINIMALLY SEDATING ANTIHISTAMINES		
	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)
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)

Non-Preferred Criteria

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

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ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR			
ORAL			
	NURTEC ODT (rimegepant)	UBRELVY (ubrogepant)	Minimum Age Limit • 18 years – Nurtec ODT, Ubrelyvy Quantity Limit • 8 tablets/31 day – Nurtec ODT • 16 tablets/31 day – Ubrelyvy Nurtec ODT • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • No concurrent therapy with another CGRP agent Ubrelyvy • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • Have tried preferred Nurtec ODT in the past 6 months AND • No concurrent therapy with another CGRP agent AND • No concurrent therapy with a strong CYP3A4 inhibitor

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INJECTIBLES			
	AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm)	EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr)	Aimovig - MANUAL PA Ajovy - MANUAL PA Emgality - MANUAL PA Vyepti - MANUAL PA
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 IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	Minimum Age Limit – ALL FORMULATIONS • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Reyvow, Tosymra, Zembrace Symtouch, Zomig tablets Quantity Limit - ORAL • 4 tablets/31 days – Reyvow 50 mg • 6 tablets/31 days - Axert, Relpax Zomig • 8 tablets/31 days – Reyvow 100 mg • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt Non-Preferred Criteria - ORAL • Have tried 2 preferred preferred oral agents in the past 90 days

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			Reyvow • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 90 days AND • Have tried preferred Nurtec ODT in the past 90 days AND
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ZOMIG (zolmitriptan)	Quantity Limit - NASAL • 1 box/31 days Non-Preferred Criteria - NASAL • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
	INJECTABLES		
	sumatriptan	IMITREX (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTTRIF (afatinib) ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) AYYAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) COPIKTRA (duvelisib)	Farydak - <u>MANUAL PA</u> • Documented diagnosis of multiple myeloma AND • Used in combination with bortezomib and dexamethasone per PI AND

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

DAURISMO (glasdegib)
ERIVEDGE (vismodegib)
ERLEADA (apalutamide)
erlotinib
everolimus
FARYDAK (panobinostat)
FOTIVDA (tivozanib)^{NR}
GAVRETO (pralsetinib)^{NR}
GLEEVEC (imatinib mesylate)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
INQOVI (cedazuridine/decitabine)^{NR}
INREBIC (fedratinib)
KISQALI (ribociclib)
KOSELUGO (selumetinib)
lapatinib ditosylate
LENVIMA (lenvatinib) **SmartPA**
LORBRENA (lorlatinib)
LYNPARZA (olaparib) **SmartPA**
MEKTOVI (binimetnib)
NERLYNX (neratinib maleate)
NUBEQA (darolutamide)
ODOMZO (sonidegib)
ONUREG (azacitidine)^{NR}
ORGOVYX (relugolix)^{NR}
PEMAZYRE (pemigatinib)
PIQRAY (alpelisib)
QINLOCK (ripretinib)
RETEVMO (selpercatinib)
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TABRECTA (capmatinib)
TAGRISSO (osimertinib)
TALZENNA (talazoparib)

- 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 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 **OR**
- All other indications evaluated through clinical review

Lynparza Capsules - [MANUAL PA](#)

Lynparza Tablets

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

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		TAZVERIK (tazemetostat) TEPMETKO (tepotinib) ^{NR} TIBSOVO (ivosidenib) TUKYSA (tucatinib) UKONIQ (umbralisib) ^{NR} VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)	All other indications evaluated through clinical review
ANTIPARASITICS (Topical) SmartPA			
	PEDICULICIDES		
	permethrin 1% ^{OTC} NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad VANALICE (piperonyl butoxide/pyrethrins)	Minimum Age/Weight Limit for Pediculicides 50 kg - lindane shampoo 2 months – permethrin 1%(OTC) 6 months – Natroba, Sklice 2 years – piperonyl/pyrethrins (OTC) 6 years – Ovide Non-Preferred Criteria - Have tried 2 preferred topical lice agents in the past 90 days
	SCABICIDES		
	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	Minimum Age/Weight Limit for Topical Scabicides 50 kg - lindane lotion 2 months – permethrin 5%

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		• 4 years - Natroba • 18 years – Eurax Non-Preferred Criteria • History of permethrin 5% in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA		
	ANTICHOLINERGICS	
	benztropine trihexyphenidyl	COGENTIN (benztropine)
	COMT INHIBITORS	
	entacapone	COMTAN (entacapone) ONGENTYS (opicapone) ^{NR} TASMAR (tolcapone) tolcapone
	DOPAMINE AGONISTS	
	ropinirole	KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER
		Non-Preferred Criteria • Documented diagnosis of Parkinson's disease AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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MAO-B INHIBITORS			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago • 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 • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days Nourianz • Documented diagnosis of Parkinson's Disease AND • History of a preferred carbidopa/levodopa combination product in the past 30 days AND • History of 30 days therapy with a preferred adjunctive therapy in the past 45 days
ANTIPSYCHOTICS SmartPA			

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ORAL		
amitriptyline/perphenazine	ABILIFY (aripiprazole)	Minimum Age Limit • 2 years – Droperidol • 3 years – Haldol • 5 years – Risperdal, thioridazine • 6 years – Abilify, trifluoperazine • 10 years – Latuda, Saphris, Seroquel, Symbyax • 12 years – Invega, Molidone, perphenazine, pimozole, thiothixene • 13 years – Zyprexa • 18 years – Abilify Mycite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, loxapine, Nuplazid, Rexulti, Secuado, Vraylar, Concurrent Therapy Limit – Ages 0-17 years • 90 days with >2 antipsychotics in the last 120 days will require a Manual PA Non-Preferred Criteria – Atypical Agents • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days
aripiprazole	ABILIFY MYCITE (aripiprazole)	
clozapine	ADASUVE (loxapine)	
fluphenazine	aripiprazole solution	
haloperidol	aripiprazole ODT	
olanzapine	asenapine	
olanzapine ODT	CAPLYTA (lumateperone)	
perphenazine	chlorpromazine	
quetiapine	clozapine ODT	
quetiapine XR	CLOZARIL (clozapine)	
risperidone	FANAPT (iloperidone)	
risperidone ODT	FAZACLO (clozapine)	
SAPHRIS (asenapine)	GEODON (ziprasidone)	
thioridazine	HALDOL (haloperidol)	
thiothixene	INVEGA ER (paliperidone)	
trifluoperazine	LATUDA (lurasidone)	
ziprasidone	NUPLAZID (pimavanserin)	
	olanzapine/fluoxetine	
	paliperidone ER	
	REXULTI (brexpiprazole)	
	RISPERDAL (risperidone)	
	SEROQUEL (quetiapine)	
	SEROQUEL XR (quetiapine)	
	SYMBYAX (olanzapine/fluoxetine)	
	VERSACLOZ (clonazepam)	
	VRAYLAR (cariprazine)	
	ZYPREXA (olanzapine)	

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			Nuplazid Documented diagnosis of Parkinson's disease
	INJECTABLE, ATYPICALS SmartPA		
	ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	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
	TRANSDERMAL, ATYPICALS		
		SECUADO (asenapine)	

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ANTIRETROVIRALS SmartPA

SINGLE TABLET REGIMENS		
	BIKTARVY (bictegravir/emtricitabine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir labeler 00093 GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) efavirenz/emtricitabine/tenofovir all other labelers COMPLERA (emtricitabine/rilpivirine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo JULUCA (dolutegravir/rilpivirine) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)
INTEGRASE STRAND TRANSFER INHIBITORS		
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
	abacavir sulfate EMTRIVA (emtricitabine) EMTRIVA SOLUTION (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule emtricitabine EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN Tablet (abacavir sulfate)
Stribild – MANUAL PA • Genotype testing supporting resistance to other regimens OR • Intolerance or contraindication to preferred combination of drugs AND • Medical reasoning beyond convenience or enhanced compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy Non-Preferred Criteria • 1 claim with the requested agent in the past 105 days		

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EFFECTIVE 01/01/2021

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NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) efavirenz	INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) SUSTIVA (efavirenz) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)		
	atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER(ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)

Tybost - [MANUAL PA](#)

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COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine CABENUVA (cabotegravir/rilpivirine) ^{NR} 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) emtricitabine/tenofovir	TRUVADA (emtricitabine/tenofovir)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir labeler 00093 ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) efavirenz/emtricitabine/tenofovir all other labelers COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir)
COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir
CD4 DIRECTED ATTACHMENT INHIBITOR		
		RUKOBIA (fostemsavir tromethamine ER)

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CD4 DIRECTED HIV-1 INHIBITOR			
		TROGARZO (ibalizumab)	
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			

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	oseltamivir	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir) XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENAVID (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	pimecrolimus labeler 68682 tacrolimus	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus)	Minimum Age Limit • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Eucrisa • History of 28 days of therapy with a calcineurin inhibitor AND • History of 28 days of therapy with a topical steroid in the past year OR • MANUAL PA

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Dupixent – Evaluated through Manual PA according to diagnosis
Asthma – [MANUAL PA](#)
Atopic Dermatitis – [MANUAL PA](#)
Nasal Polyposis – [MANUAL PA](#)

BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA

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

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

Bystolic

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

Non-Preferred Criteria

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

BETA- AND ALPHA-BLOCKERS

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	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR - Documented diagnosis for hypertension AND - Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
ANTIANGINALS			
		RANEXA (ranolazine) ranolazine	Ranexa - Documented diagnosis of angina AND 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			

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		CORLANOR (ivabradine)	Corlanor - MANUAL PA
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) GEMTESA (vibegron) ^{NR} MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin) VESICARE LS Suspension (solifenacin)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	alendronate ibandronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium)	Non-Preferred Criteria • Documented diagnosis for osteoporosis or osteopenia AND

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	risedronate	alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	Have tried 2 different preferred agents in the past 6 months
OTHERS			
		calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS SmartPA			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	Female - Cardura, Flomax, Proscar, terazosin, or Uroxatral AND - Documented diagnosis based on a State accepted diagnosis Non-Preferred Criteria - MALE - Have tried 2 different preferred agents in the past 6 months OR

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			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) SmartPA TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	Minimum Age Limit 6 years – Spiriva Respimat Spiriva Respimat Automatic approval for ≥ 6 years with a diagnosis of asthma
	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		

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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) <i>SmartPA</i>	Minimum Age Limit • 4 years - Xopenex HFA Xopenex HFA • 1 claim for a preferred albuterol inhaler in the past 30 days ProAir Digihaler • Requires clinical review
	INHALERS, LONG ACTING <i>SmartPA</i>		
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Minimum Age Limit • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat Arcapta & Striverdi Respimat • 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

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INHALATION SOLUTION SmartPA			
	albuterol	BROVANA (arformoterol) formoterol levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	Minimum Age Limit • 6 years – Xopenex • 18 years – Brovana, Perforomist Non-Preferred Criteria • 1 claim for a different preferred agent in the past 6 months OR • 3 claims with the requested agent in the past 105 days Xopenex • 1 claim for a preferred albuterol in the past 30 days
ORAL			
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	Quantity Limit - nimodipine • 252 tablets/ 21 days • 2520 mL/21 days Non-Preferred Criteria

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			- Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days nimodipine - Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND - Duration of therapy limited to 21 days
	LONG-ACTING		
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	Non-Preferred Criteria - Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			

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	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	Non-Preferred Agents - MANUAL PA
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		
	cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations Have tried 2 different preferred agents in the past 6 months
	CEPHALOSPORINS – Second Generation SmartPA		

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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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	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
	CEPHALOSPORINS – Third Generation SmartPA		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension
COLONY STIMULATING FACTORS			
	GRANIX (tbo-filgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) ^{NR} UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIEXTENZO (pegfilgrastim-bmez)	
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin) KITABIS (tobramycin) tobramycin(generic TOBI)	BRONCHITOL (mannitol) ^{NR} CAYSTON (aztreonam) colistmethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin)	Minimum Age Limit • 3 months – Pulmozyme • 4 months – Kalydeco Granules • 2 years – Coly-Mycin M, Orkambi Granules • 6 years – Bethkis, Kalydeco tablet, Kitabis, Orkambi 100/125mg tablet, Symdeko, TOBI, TOBI Podhaler, Trikafta • 7 years – Cayston

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		tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)	• 12 years – Orkambi 200/125mg tablet • 18 years - Bronchitol Maximum Age Limit • 5 years – Kalydeco and Orkambi Granules All Agents • Documented diagnosis Cystic Fibrosis Colistimethate • Documented diagnosis of Cystic Fibrosis OR • Requires clinical review Kalydeco – MANUAL PA Orkambi – MANUAL PA Symdeko – MANUAL PA Trikafta – MANUAL PA TOBI Podhaler • Requires clinical review
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate TALTZ (ixekizumab) XELJANZ IR (tofacitinib)	ACTEMRA (tocilizumab) ARCALYST (rilonacept) AVSOLA (infliximab) ^{NR} CIMZIA (certolizumab) COSENTYX (secukinumab)	Enbrel • Age ≥ 2 years AND • Documented diagnosis of juvenile idiopathic arthritis OR • Age limit ≥ 4 years AND

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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)
TREMFA (guselkumab)
TRESALL (methotrexate)
XELJANZ Oral Solution (tofacitinib)
XELJANZ XR (tofacitinib)

- Documented diagnosis of plaque psoriasis **OR**
- Age limit ≥ 18 years **AND**
- Documented diagnosis of ankylosing spondylitis, plaque psoriasis, psoriatic arthritis or rheumatoid arthritis

Humira

- Age ≥ 2 years **AND**
- Documented diagnosis of juvenile idiopathic arthritis **OR**
- Age ≥ 5 years **AND**
- Documented diagnosis of ulcerative colitis **OR**
- Age ≥ 6 years **AND**
- Documented diagnosis of Crohn's disease **OR**
- Age ≥ 12 years **AND**
- Documented diagnosis of hidradenitis suppurativa **OR**
- Age ≥ 18 years **AND**
- Documented diagnosis of ankylosing spondylitis, Crohn's disease, hidradenitis suppurativa, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis, or uveitis

Taltz

- Age ≥ 6 years **AND**
- Documented diagnosis of plaque psoriasis **OR**
- Age ≥ 18 years **AND**

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- Documented diagnosis of active non-radiographic axial spondyloarthritis, ankylosing spondylitis, plaque psoriasis, or psoriatic arthritis
- Xeljanz**
- Age $\geq$ 18 years **AND**
 - Documented diagnosis of rheumatoid arthritis or ulcerative colitis **OR**
 - Trial and failure of two preferred agents for a documented diagnosis of psoriatic arthritis
- Cosentyx**
- Age $\geq$ 6 years **AND**
 - Documented diagnosis of plaque psoriasis **AND**
 - Have tried 90 days therapy with both Enbrel and Taltz **OR**
 - Age $\geq$ 18 years **AND**
 - Documented diagnosis of ankylosing spondylitis, plaque psoriasis, or psoriatic arthritis **AND**
 - Have tried 90 days therapy with both Humira and Taltz **OR**
 - All other indications evaluated through clinical review
- All other Non-Preferred Agents**
- Require clinical review
- IV Administered Agents**

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			Require clinical review
ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) PROCRT (rHuEPO)	Mircera - Documented diagnosis chronic renal failure in the past 2 years Non-Preferred Criteria - Documented diagnosis of cancer or chronic renal failure 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	ADYNOVATE ELOCTATE ESPEROCT HEXILATE FS JIVI KCENTRA KOVALTRY OBIZUR VONVENDI	

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	RECOMBINATE WILATE XYNTHA XYNTHA SOLOFUSE		Hemlibra • 1 claim with the requested agent in the past 105 days • MANUAL PA – new patients
FACTOR IX			
	ALPHANINE SD ALPROLIX BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN	
OTHER FACTOR PRODUCTS			
	COAGADEX FIBRYGA RIASTAP	CORIFACT HEMLIBRA <i>SmartPA</i> NOVOSEVEN RT SEVENFACT ^{NR} TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) <i>SmartPA</i> duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) <i>SmartPA</i> LYRICA (pregabalin) LYRICA CR (pregabalin)	Cymbalta and Irenka (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine

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		NEURONTIN (gabapentin) pregabalin ER	
FLUOROQUINOLONES (Oral) SmartPA			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	Non-Preferred Criteria • 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years • 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 agent from 2 of the classes below in the past 3 months ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide AND • Cipro suspension in the past 3 months

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GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) miglustat VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	CONDYLOX (podofilox) ^{Age Edit} imiquimod ^{Age Edit} podofilox ^{Age Edit}	ALDARA (imiquimod) ^{Age Edit} CARAC (fluorouracil) diclofenac 3% gel EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	Minimum Age Limit • 12 years – Aldara • 18 years – Condylox, Picato, Veregen
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	Non-Preferred Criteria • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months ArmonAir Digihaler • Requires clinical review <i>NOTE:</i> Institutional sized products are Non-Preferred

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	ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic AIRDUO) SYMBICORT (budesonide/formoterol)	AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol fluticasone/salmeterol (generic ADVAIR) WIXELA INHUB (fluticasone/salmeterol)	Non-Preferred Criteria 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months AirDuo Digihaler - Requires clinical review
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine solution famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine)	
	PROTON PUMP INHIBITORS		
	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole)	Prilosec suspension Automatic approval for 0 - 2 years

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		PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole	
	OTHER		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	All Agents for Age ≥ 18 years - Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR - Documented procedure of cranial irradiation Non-Preferred Criteria - Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	Quantity Limit 1 treatment course/year

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		PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin)	
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) ribavirin capsules SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)∞ ZEPATIER (elbasvir/grazoprevir)∞	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier • Require clinical review <u>Note:</u> Harvoni and Sovaldi have FDA pediatric indications
HEREDITARY ANGIOEDEMA			

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2021

Version 2021.13a

Updated: 8-30-2021

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		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) ^{NR} RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT SmartPA			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) febuxostat LOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non-Preferred Criteria Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMIA TREATMENT, GLUCAGON			
	BAQSIMI (glucagon) ^{Step Edit} glucagon vial glucagon kit	GVOKE (glucagon) ZEGALOGUE (dasiglucagon) ^{NR}	Minimum Age Limit 2 years – Gvoke 4 years – Baqsimi 6 years – Zegalogue Quantity Limit 2 packs/31 days – Baqsimi 2 syringes/31 days – Gvoke, Zegalogue

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			• 2 kits/31 days – Glucagon Non-Preferred Criteria • Have tried 1 different preferred glucagon in the past 30 days Baqsimi • Have tried 1 different preferred glucagon in the past 365 days OR • 1 claim with Baqsimi in the past 365 days Gvoke • 1 claim with Baqsimi in the past 30 days Zegalogue • 1 claim with Baqsimi in the past 30 days
HYPOGLYCEMICS, BIGUANIDES SmartPA			
	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24HR (generic Glumetza) RIOMET SOLUTION* (metformin)	• Clinical review required for addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ 2-drug combination agents count as 2 classes and 3-

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			drug combination agents count as 3 classes Riomet Solution 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENI (alogliptin/pioglitazone)	- Clinical review required with concomitant use of GLP-1 product in the past 30 days OR - Addition of a fourth concurrent oral agent in a different drug class - 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 Kombiglyze XR and Onglyza 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA			
	BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide)	Clinical review required with concomitant use of DPP-4 product in the past 30 days OR

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		OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	- 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 Symmlin is excluded from all criteria
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*	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 requested agent in the past 105 days

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		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) SEMGLEE (insuling glargine)^{NR} TRESIBA (insulin degludec) TOUJEO (insulin glargine) TOUJEO MAX(insulin glargine)	
HYPOGLYCEMICS, MEGLITINIDES SmartPA			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	• Clinical review required with 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		

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	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	STEGLATRO (ertugliflozin)	• Clinical review required with 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
	INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	• Clinical review required for addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as

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

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	NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		Azasan - Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis Gengraf, Neoral, Sandimmune - Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State accepted diagnosis OR - Clinical review required for a diagnosis of Kimura's disease or multifocal motor neuropathy Myfortic - Documented diagnosis of kidney transplant or psoriasis Rapamune - Documented diagnosis of kidney transplant Zortress - Documented diagnosis of kidney transplant or liver transplant
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C	ASCENIV BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD	

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	HIZENTRA HYQVIA OCTAGAM PANZYGA XEMBIFY	GAMMAPLEX PRIVIGEN	
IMMUNOLOGIC THERAPIES FOR ASTHMA			
	FASENRA PEN AUTOINJECTOR (benralizumab) NUCALA AUTOINJECTOR (mepolizumab) NUCALA SYRINGE (mepolizumab)	DUPIXENT (dupilumab)* XOLAIR SYRINGE (omalizumab)	Minimum Age Limit • 6 years – Nucala autoinjector, Nucala syringe • 12 years – Fasenra pen Fasenra pen, Nucala autoinjector, Nucala syringe • Documented diagnosis of severe persistent asthma AND • 90 days therapy with an ICS/LABA combination product in the past 120 days OR • 90 days therapy with both an ICS and a LABA or a leukotriene modifier in the past 120 days AND • 2 claims for at least 3 days each with an oral corticosteroid in the past 365 days AND • 1 claim with an ICS/LABA combination product in the past 30 days OR • 1 claim with both an ICS and a LABA or a leukotriene modifier in the past 30 days AND • No concurrent therapy with a different asthma immunologic therapy

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			Dupixent – MANUAL PA
			•
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	fluticasone ^{Rx Only}	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) QNASL (beclomethasone) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	Non-Preferred Criteria • Documented diagnosis for allergic rhinitis AND • Have tried 1 different preferred agent in the past 6 months

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IRON CHELATING AGENTS			
	deferasirox all strengths FERRIPROX (deferiprone)	EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	Jadenu – MANUAL PA
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) lubiprostone MOTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)	Minimum Age Limit All Subclasses • 18 years – except Bentyl, Gattex, Levsin Gender Limit • Female – Amitiza 8mcg <u>Chronic Idiopathic Constipation (CIC)</u> AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE All CIC Agents • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction Non-Preferred CIC Agents • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR

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		• 1 claim with the requested agent in the past 105 days <u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE All IBS-C Agents • Documented diagnosis of IBS-C in the past year AND • No history of GI or bowel obstruction Non-Preferred IBS-C Agents • Above IBS-C criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days <u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC All OIC Agents • 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
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			Non- Preferred OIC Agents • Above OIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days Relistor Injection • Above OIC criteria AND • Documented diagnosis of active cancer in the past year AND • Documented diagnosis of palliative care in the past 6 months
	IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)*	Viberzi • Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days Lotronex • 1 claim for the requested agent in the past 105 days OR • MANUAL PA - All new patients require manual review.

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			Xifaxan - (see Antibiotics, GI)
	SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<u>Carcinoid Syndrome Agent</u> XERMELO - Documented diagnosis of carcinoid syndrome in the past year AND 1 claim for a somatostatin analog in the past 30 days <u>HIV/AIDS Non-infectious Diarrhea</u> FULYZAQ, MYTESI - Documented diagnosis of HIV/AIDS in the past year AND - Documented diagnosis of non-infectious diarrhea in the past year AND 1 claim for an antiretroviral in the past 30 days <u>Short Bowel Syndrome (SBS)</u> GATTEX, NUTRESTORE, ZORBTIVE
			<u>Gattex or Zorbtive</u> 1 claim for the requested agent in the past 105 days OR - All new patients require clinical review
			Nutrestore

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			Requires clinical review
LEUKOTRIENE MODIFIERS SmartPA			
	montelukast granules montelukast tablets zafirlukast	ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	Minimum Age Limit 12 years – Zyflo & Zyflo CR Non-Preferred Criteria - Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (NON-STATINS) SmartPA			
ACL INHIBITORS AND COMBINATIONS			
		NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	Nexletol and Nexlizet Requires clinical review
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred 90 consecutive days on the requested agent in the past 105 days OR - Have tried 1 statin or statin combination agent in the past year OR - One of the following exceptions - Welchol AND Type 2 diabetes AND 1 preferred oral antidiabetic agent in the past 180 days OR - Pregnant female OR

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			- Documented diagnosis of liver disease OR - Documented diagnosis for hypertriglyceridemia OR - Clinical justification a statin or statin combination product cannot be used Non-Preferred Criteria - Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	Non-Preferred Criteria Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	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)	Fibric Acid Derivative Non-Preferred Criteria Have tried 2 different fibric acid derivatives in the past 6 months

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		TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	
		MTP INHIBITOR	
		JUXTAPID (lomitapide)	Juxtapid – MANUAL PA
		APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR	
		KYNAMRO (mipomersen)	Kynamro – MANUAL PA
		NIACIN	
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
		PCSK-9 INHIBITOR	
		PRALUENT (alirocumab) REPATHA (evolocumab)	Praluent - MANUAL PA Repatha - MANUAL PA
LIPOTROPICS, STATINS SmartPA			
		STATINS	
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin)	Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non-Preferred Criteria

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		LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	- Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	STATIN COMBINATIONS		
	ezetimibe/simvastatin SIMCOR (simvastatin/niacin)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) VYTORIN (simvastatin/ezetimibe)	Non-Preferred Criteria - Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	clonidine patches clonidine tablets	CATAPRES (clonidine) CATAPRES-TTS (clonidine)	
	EPINEPHRINE		
	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	alprazolam ER EVERYSDI (risdiplam) hydroxyprogesterone caproate	Alprazolam ER CUMULATIVE quantity limit 31 tablets/31 days

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	MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	Hydroxyzine HCl 10mg tablets • 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
ALLERGEN EXTRACT IMMUNOTHERAPY			Evrysi- MANUAL PA
		GRASTEK ORALAIR PALFORZIA RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS <i>SmartPA</i>			
	AUSTEDO (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine	XENAZINE (tetrabenazine)	Austedo • Documented diagnosis of Huntington's chorea OR • Documented diagnosis of tardive dyskinesia AND • 90 days therapy with Austedo in the past 105 days OR • MANUAL PA Ingrezza • Documented diagnosis of tardive dyskinesia AND • 90 days therapy with Ingrezza in the past 105 days OR

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			MANUAL PA
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) KESIMPTA (ofatumumab) ^{NR} MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) PONVORY (ponesimod) ^{NR} TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod)	All Agents - Documented diagnosis of multiple sclerosis Non-Preferred Criteria - Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days Kesimpta, Ponvory and Zeposia - Requires clinical review Mavenclad – MANUAL PA Mayzent – MANUAL PA Ocrevus – MANUAL PA
MUSCULAR DYSTROPHY AGENTS			
		AMONDYS 45 (casimersen) ^{NR} EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)	Emflaza – MANUAL PA Exondys – MANUAL PA Viltepso – MANUAL PA Vyondys – MANUAL PA

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NSAIDS SmartPA

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
NUPRIN (ibuprofen)
oxaprozin
PONSTEL (mefenamic acid)
PROFENO (fenoprofen)
RELAFEN DS (nabumetone)
SPRIX NASAL SPRAY (ketorolac)
TIVORBEX (indomethacin)
tolmetin
VOLTAREN XR (diclofenac)
ZIPSOR (diclofenac)

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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		ZORVOLEX (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
	COX II SELECTIVE		
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II - Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND 90 consecutive days on the requested agent in the past 105 days OR - Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent OR - Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin)	

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	erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin	BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	BLEPHAMIDE (sulfacetamide/prednisolone) drops,oint neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone)drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	

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OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac loteprednol etabonate MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	Non-Preferred Criteria Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%	ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACRAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERViate (cetirizine)	Non-Preferred Criteria Have tried 2 different preferred agents in the past 6 months

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EFFECTIVE 01/01/2021

Version 2021.13a

Updated: 8-30-2021

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OPHTHALMIC, DRY EYE AGENTS

	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) ^{NR} RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA}	Minimum Age Limit • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa Quantity Limit • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra Non-Preferred Criteria • History of 4 claims for Restasis in the past 6 months
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OPHTHALMIC, GLAUCOMA AGENTS ^{SmartPA}

BETA BLOCKERS			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
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	
CARBONIC ANHYDRASE INHIBITORS			

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	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) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)
	RHO KINASE INHIBITORS/COMBINATIONS	
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)	
	SYMPATHOMIMETICS	

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	brimonidine 0.2%	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	buprenorphine/naloxone film labeler 52427 buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films all other labelers LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<u>Buprenorphine/Naloxone and buprenorphine</u> Non-Preferred Criteria - Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i> - History of Suboxone therapy within the past 6 months OR - History of Bunavail therapy within the past 3 months AND - All other buprenorphine/naloxone provider summary found here Probuphine – MANUAL PA Sublocade – MANUAL PA Vivitrol - MANUAL PA
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	

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OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} 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 ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALtrol (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate	AURYXIA (ferric citrate)	

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	ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) REVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin pentoxifylline prasugrel	DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar)	Zontivity – <u>MANUAL PA</u> Non-Preferred Criteria • Documented diagnosis AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
PLATELET STIMULATING AGENTS			
	PROMACTA (eltrombopag olamine)	DOPTLET (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) TAVALISSE (fostamatinib disodium)	
PRENATAL VITAMINS			
	COMPLETE NATAL DHA CONCEPT DHA Capsule	Products not listed here are assumed to be Non-Preferred.	

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	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		
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	Non-Preferred Criteria 90 consecutive days on the requested agent in the past 105 days OR - Documented diagnosis of Pseudobulbar Affect
PULMONARY ANTIHYPERTENSIVES^{SmartPA}			
ENDOTHELIN RECEPTOR ANTAGONIST			
	ambrisentan bosentan tablets	LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan)	All PAH Agents - Documented diagnosis of pulmonary hypertension Non-Preferred Criteria - Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
PDE5's			
	sildenafil (generic Revatio) tablet tadalafil	ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension	Non-Preferred Criteria Have tried 1 preferred PAH agent in the past 6 months OR

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	sildenafil (generic Revatio) suspension	• 90 consecutive days on the requested agent in the past 105 days Revatio suspension • < 12 years of age AND • Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation or history of heart transplant OR • 90 consecutive days on the requested agent in the past 105 days Revatio tablets • < 1 year of age AND • Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR • 90 consecutive days on the requested agent in the past 105 days OR • > 1 years of age AND • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	Non-Preferred Criteria

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		TYVASO (treprostinil) VENTAVIS (iloprost)	- Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	Non-Preferred Criteria - Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas - Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days OR - Clinical review required for PAH WHO Group 4
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine)	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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		NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFAD (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)	
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES SmartPA		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DAYVIGO (lomborexant) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. MS DOM Opioid Initiative • Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths Triazolam – CUMULATIVE

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			Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
	OTHERS	SmartPA	
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	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> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female • 1bottle/31 days (48 ml or 158 ml) – Hetlioz liquid Gender and Dose Limit for zolpidem • Female – Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months Hetlioz capsules • Documented diagnosis of circadian rhythm sleep disorder AND

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		- Documented diagnosis indicating total blindness of the patient OR - Documented diagnosis of Magenis-Smith syndrome Hetlioz liquid - Documented diagnosis of Smith-Magenis syndrome AND 3 - 15 years of age
SELECT CONTRACEPTIVE PRODUCTS		
	INJECTABLE CONTRACEPTIVES	
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
	INTRAVAGINAL CONTRACEPTIVES	
	ANNOVERA (segestosterone/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)
		Non-Preferred Criteria 1 claim with the requested agent in the past 105 days

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CAMRESE LO (levonorgestrel/ethinyl estradiol)
ethinyl estradiol/drospirenone
GENERESS FE (norethindrone/ethinyl estradiol/fe)
GIANVI (ethinyl estradiol/drospirenone)
HAILEY 24 FE (norethindrone/ethinylestradiol/iron)
JOLESSA (levonorgestrel/ethinyl estradiol)
JUNEL 24 FE (norethindrone/ethinylestradiol/iron)
LARIN 24 FE (norethindrone/ethinylestradiol/iron)
LAYOLIS FE (norethindrone/ethinylestradiol/iron)
levonorgestrel/ethinyl estradiol
LO LOESTRIN FE (norethindrone/ethinyl estradiol)
LORYNA (ethinyl estradiol/drospirenone)
LO-ZUMANDIMINE (ethinyl estradiol/drospirenone)
NATAZIA (estradiol valerate/dienogest)
norethindrone/ethinyl estradiol/fe chew tab
OCELLA (ethinyl estradiol/drospirenone)
PHILITH (norethindrone/ethinyl estradiol)
SAFYRAL (ethinyl estradiol/drospirenone/levomefolate)
SIMPESS (levonorgestrel/ethinyl estradiol)
SYEDA (ethinyl estradiol/drospirenone)
TARNIA (norethindrone/ethinyl estradiol/iron)
WYMZYA FE (norethindrone/ethinyl estradiol/fe)
ZARAH (ethinyl estradiol/drospirenone)
ZUMANDIMINE (ethinyl estradiol/drospirenone)

SICKLE CELL AGENTS

DROXIA (hydroxyurea)
hydroxyurea

ADAKVEO (crizanlizumab)
ENDARI (glutamine)

Endari – [MANUAL PA](#)
Oxbryta – [MANUAL PA](#)

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		HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)	
SKELETAL MUSCLE RELAXANTS SmartPA			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	Non-Preferred Agents - Documented diagnosis for an approvable indication AND - Have tried 2 different preferred agents in the past 6 months Carisoprodol - Documented diagnosis of acute musculoskeletal condition AND - NO history with meprobamate in the past 90 days AND 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND Quantity Limit 18 tablets - to allow tapering off 84 tablets/6 months Carisoprodol with codeine - Requires clinical review
SMOKING DETERRENT			
	NICOTINE TYPE		

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	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 • 18 years Quantity Limit • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
STERIODS (Topical) SmartPA			
	LOW POTENCY		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	Non-Preferred Criteria • Have tried 2 different preferred low potency agents in the past 6 months
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint.	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone)	Non-Preferred Criteria • Have tried 2 different preferred medium potency agents in the past 6 months

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	prednicarbate cr PANDEL (hydrocortisone probutate)	DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			
	clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol)	Non-Preferred Criteria • Have tried 2 different preferred very high potency agents in the past 6 months

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	halobetasol cream halobetasol ointment	DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) ^{NR} LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (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

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			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 requested agent in the past 105 days Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI
	LONG-ACTING		
	amphetamine salt combination ER dexmethylphenidate ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate ER/LA Caps (generic Ritalin LA) QUILLICHEW (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	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) dextroamphetamine ER	Minimum Age Limit • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta, Cotelma XR ODT, Daytrana, Dexedrine, Dynavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis

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FOCALIN XR (dexamethylphenidate)

JORNAY PM (methylphenidate)
methylphenidate ER caps (generic Aptensio XR)
methylphenidate ER (generic Relexxi)
MYDAYIS (amphetamine salt combination)

QUILLIVANT XR (methylphenidate)

RELEXXI (methylphenidate)
RITALIN LA (methylphenidate)
RITALIN SR (methylphenidate)

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

Maximum Age Limit

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

Quantity Limit

Applicable quantity limit per rolling days

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

Documented diagnosis of ADHD – ALL Long Acting AGENTS

Documented diagnosis of binge eating disorder – VYVANSE

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		Non-Preferred Criteria ADD/ADHD • Documented diagnosis of ADD/ADHD AND • Have tried 2 different preferred Long Acting agents in the past 6 months OR • 1 claim for a 30 day supply with the requested agent in the past 105 days
NARCOLEPSY		Documented diagnosis of narcolepsy – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI Non-Preferred Criteria narcolepsy • Documented diagnosis of narcolepsy AND • 30 days of therapy with preferred modafinil or armodafinil in the past 6 months AND • 1 different preferred Long Acting agent indicated for narcolepsy in the past 6 months OR • 1 claim for a 30 day supply with the requested agent in the past 105 days
	armodafinil modafinil SUNOSI (solriamfetol)	NUVIGIL (armodafinil) PROVIGIL (modafinil) WAKIX (pitolisant) XYREM (sodium oxybate) XYWAV (calcium, magnesium, potassium and sodium oxyblates) ^{NR}

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- Nuvigil**
- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression
- Provigil**
- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome
- Sunosi**
- Documented diagnosis of narcolepsy or obstructive sleep apnea **AND**
 - 30 days of therapy with preferred modafinil or armodafinil in the past 6 months
- Wakix**
- Documented diagnosis of narcolepsy with or 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
- Xyrem and Xywav**

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NON-STIMULANTS			
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) QELBREE (viloxazine) ^{NR} STRATTERA (atomoxetine)	- Requires clinical review Minimum Age Limit 6 years – Intuniv, Kapvay, Qelbree, Strattera 18 years – Wakix Maximum Age Limit 18 years – Intuniv, Kapvay, Qelbree 21 years – diagnosis of ADD/ADHD is required for Strattera Quantity Limit Applicable quantity limit per rolling days 31 tablets/31 days – Intuniv, Qelbree 100 mg, Strattera 62 tablets/31days – Qelbree 150 mg and 200 mg, 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 - Documented diagnosis of ADD or ADHD AND

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			• 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 Qelbree • Documented diagnosis of ADD or ADHD AND • 1 claim for a 30 day supply with atomoxetine in the past 105 days
TETRACYCLINES SmartPA			
doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline		ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) MINOLIRA (minocycline) minocycline ER minocycline tabs MONODOX (doxycycline monohydrate) NUZYRA (omadacycline tosylate) OKEBO (doxycycline) ORACEA (doxycycline) SEYSARA (sarecycline) SOLODYN (minocycline)	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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		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 budesonide EC mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) 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)	Non-Preferred Criteria - Documented diagnosis for Ulcerative Colitis 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 Ortikos ER - Requires clinical review
	RECTAL		
	mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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