

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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

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

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

Drugs highlighted in yellow denote a change in PDL status.

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|---------------------------|---|---|-------------|
| | | FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro TWYNEO (tretinoin/benzoyl peroxide) | |
| | COMBINATION DRUGS/OTHERS | | |
| | adapalene/benzoyl peroxide (generic EPIDUO) benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur) | ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide (generic EPIDUO FORTE) 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) | |

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|--------------------------------------|--|--|------------------------|
| | | sodium sulfacetamide/sulfur cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin) | |
| | KERATOLYTICS (BENZOYL PEROXIDES) | | |
| | benzoyl peroxide 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) | | |

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|--|---|---|---|
| ALZHEIMER'S AGENTS SmartPA | | | |
| | CHOLINESTERASE INHIBITORS | | All Agents <ul style="list-style-type: none">Documented diagnosis for both preferred and non-preferred Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months |
| | donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches | ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine) | |
| | NMDA RECEPTOR ANTAGONIST | | |
| | memantine | NAMENDA TABS (memantine) NAMENDA SOLUTION (memantine) NAMENDA XR (memantine) memantine XR | |
| | COMBINATION AGENTS | | |
| | | NAMZARIC (memantine/donepezil) | Namzaric <ul style="list-style-type: none">Documented diagnosis AND30 days of concurrent therapy with donepezil + memantine in the past 6 months |
| ANALGESICS, OPIOID- SHORT ACTING SmartPA | | | |
| | acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/APAP/caffeine ENDOCET (oxycodone/APAP) | ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine | MS DOM Opioid Initiative <ul style="list-style-type: none">Short-Acting OpioidsLong-Acting OpioidsMorphine Equivalent Daily Dose |

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| | hydrocodone/APAP hydromorphone morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP | butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/cafeine) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/cafeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/cafeine/codeine) 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) | <ul style="list-style-type: none"> Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limit Applicable <u>quantity limit</u> in 31 rolling days 62 tablets – butalbital/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 – butalbital/APAP 750 145 tablets – butalbital/APAP 650 186 tablets – butalbital/APAP 325, butalbital/ASA 325 5mL (2 x 2.5 bottles) – butorphanol nasal 180 mL CUMULATIVE – oxycodone liquids 280 mL CUMULATIVE – Qdolo |

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|--|--|--|---|
| | | PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SEGLENTIS (tramadol/celecoxib) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/cafeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen) | |
| ANALGESICS, OPIOID - LONG ACTING <small>SmartPA</small> | | | |
| | 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) | MS DOM Opioid Initiative <ul style="list-style-type: none"> • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit |

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|---|---|--|--|
| | | hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate) | <ul style="list-style-type: none"> • 18 years – Butrans, Xartemis XR, Zohydro ER, tramadol products <p>Quantity Limit Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • 62 tablets/31 days – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on the requested agent in the past 105 days |
| ANALGESICS/ANESTHETICS (Topical) | | | |
| | diclofenac sodium 1% gel diclofenac sodium 1.5% solution | capsaicin diclofenac epolamine patch <small>SmartPA</small> | Non-Preferred Criteria |

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|---|---|---|--|
| | VOLTAREN Gel (diclofenac sodium) <small>SmartPA</small> | diclofenan sodium 3% gel FLECTOR Patch (diclofenac epolamine) <small>SmartPA</small> FROTEK (ketoprofen) LICART (diclofenac epolamine) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) <small>SmartPA</small> LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) <small>SmartPA</small> SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) VENNGEL ONE 1% kit (diclofenac sodium) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine) | <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Lidoderm</p> <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia OR Documented diagnosis of Diabetic Neuropathy <p>ZTlido</p> <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia |
| ANDROGENIC AGENTS <small>SmartPA</small> | | | |
| | ANDRODERM (testosterone patch) testosterone gel packet | ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) | <p>All Agents</p> <ul style="list-style-type: none"> Limited to male gender <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |

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

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| ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) | | | |
| | irbesartan losartan olmesartan telmisartan valsartan | ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan) TEVETEN (eprosartan) | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| ARB COMBINATIONS | | | |
| | ENTRESTO (valsartan/sacubitril) <small>Smart PA</small> irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ | ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ | <p>Entresto</p> <ul style="list-style-type: none"> Age ≥ 18 years AND Documented diagnosis of heart failure OR Age ≥ 1 year AND |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|--------------------------------|---|--|--|
| | valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ | DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) | <ul style="list-style-type: none"> Documented diagnosis of heart failure with systemic ventricular systolic dysfunction <p>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</p> <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>ARB/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| DIRECT RENIN INHIBITORS | | | |
| | | TEKTURN (aliskiren) | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR |

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|-------------------------------------|---|---|--|
| | | | <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days |
| DIRECT RENIN INHIBITOR COMBINATIONS | | | |
| | | AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTRNA-HCT (aliskiren/hctz) VALTRNA (aliskiren/valsartan) | Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| ANTIBIOTICS (GI) | | | |
| | FIRVANQ (vancomycin) metronidazole neomycin tinidazole | AEMCOLO (rifaximin) DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin) | |
| ANTIBIOTICS (MISCELLANEOUS) | | | |
| | KETOLIDES | | |
| | | KETEK (telithromycin) | |
| | LINCOSAMIDE ANTIBIOTICS | | |

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

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|--|--|--|--|
| | | | • 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 <small>SmartPA</small> | | | |
| | ORAL | | |
| | COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban) | BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate) | <u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year |

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|---------------------------|------------------|----------------------|--|
| | | | <ul style="list-style-type: none">Documented diagnosis of hip replacement ANDDuration of therapy limited to 35 days <p>DVT Prophylaxis - following knee replacement XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none">70 total days of therapy per calendar yearDocumented diagnosis of knee replacement ANDDuration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none">Documented diagnosis of coronary artery disease ORDocumented diagnosis of peripheral artery disease ANDHistory of therapy with aspirin in the past 30 days ANDHistory of 90 days therapy with anti-platelet agent in the past year ORHistory of 30 days therapy with warfarin in the past year |

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|---------------------------|--|--|--|
| | | | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 1 claim with the requested agent in the past 90 days |
| | LOW MOLECULAR WEIGHT HEPARIN (LMWH) | | |
| | enoxaparin | ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe | LMWH – All Agents <ul style="list-style-type: none"> LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Documented diagnosis of cancer OR Female and age 8 to 51 years OR NO LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Duration of therapy is ≤ 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 <ul style="list-style-type: none"> Have tried 1 different preferred agent in the past 6 months OR |

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

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|---------------------------|------------------|--|--|
| | | NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin VIMPAT (lacosamide) XCOPRI (cenobamate) | <ul style="list-style-type: none"> Documented diagnosis of Dravet syndrome AND Active claim for clobazam <p>Epidiolex</p> <ul style="list-style-type: none"> Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex OR Documented diagnosis of Lennox-Gastaut OR 1 claim for the requested agent in the past 30 days <p>Fintepla</p> <ul style="list-style-type: none"> Requires clinical review <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> Documented diagnosis of infantile spasms OR Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND Documented diagnosis of seizure <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND |

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|--|---|---|--|
| | | | <ul style="list-style-type: none"> Documented diagnosis of seizure OR 30-day trial with topiramate IR in the past 6 months |
| | SELECTED BENZODIAZEPINES | | |
| | clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam) | DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam) | Minimum Age Limit <ul style="list-style-type: none"> 12 years – Nayzilam 6 years – Valtoco Quantity Limit <ul style="list-style-type: none"> 2 Twin Packs/31 days – Diastat 2 Packages /31 days – Nayzilam 2 Cartons/31 days - Valtoco |
| | HYDANTOINS | | |
| | DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin | PEGANONE (ethotoin) | |
| | SUCCINIMIDES | | |
| | ethosuximide | CELONTIN (methsuximide) ZARONTIN (ethosuximide) | |
| ANTIDEPRESSANTS, OTHER <small>SmartPA</small> | | | |
| | bupropion bupropion SR bupropion XL | APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER | Minimum Age Limit <ul style="list-style-type: none"> 18 years - all drugs |

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|---------------------------------------|---|--|--|
| | TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone) | DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine DR) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl) | <ul style="list-style-type: none"> 7-17 years – duloxetine (except Drizalma Sprinkle) <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> 7-11 years – Drizalma Sprinkle <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred '<i>Antidepressants, Other</i>' Class in the past 6 months OR Have tried BOTH a preferred '<i>Antidepressant, SSRI</i>' and '<i>Antidepressants, Other</i>' in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p> |
| ANTIDEPRESSANTS, SSRIs SmartPA | | | |
| | citalopram escitalopram fluoxetine capsules | CELEXA (citalopram) fluoxetine DR fluvoxamine ER | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years - Zoloft 7 years – Prozac |

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|----------------------------|---|--|--|
| | fluvoxamine paroxetine CR paroxetine IR sertraline | LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline) | <ul style="list-style-type: none"> • 8 years - Luvox • 12 years - Lexapro • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p> <ul style="list-style-type: none"> • <18 years and 90 consecutive days on citalopram in the past 105 days OR • < 60 years AND max daily dose ≤ 40 mg/day OR • ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days |
| ANTIEMETICS SmartPA | | | |
| | 5HT3 RECEPTOR BLOCKERS | | |
| | ondansetron ondansetron ODT ondansetron solution | ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron) | <p>Quantity Limit</p> <ul style="list-style-type: none"> • 6 tablets/31 days – Akynzeo • 30 tablets/31 days – Zofran tablets/ODT • 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> |

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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|-----------------------------------|---|---|--|
| | | | <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p> |
| | ANTIEMETIC COMBINATIONS | | |
| | | AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine | Akynzeo - MANUAL PA |
| | CANNABINOIDS | | |
| | | CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol) | |
| | NMDA RECEPTOR ANTAGONIST | | |
| | EMEND (aprepitant) | aprepitant | |
| ANTIFUNGALS (Oral) SmartPA | | | |
| | clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine | ANCOBON (flucytosine) ^ BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> <p>Non-Preferred Criteria</p> |

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|---|------------------|---|--|
| | | GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ posaconazole^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^ | <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> Non-Preferred agent indicated for treatment (^) AND Documented diagnosis of HIV <p>Cresemba - MANUAL PA</p> <ul style="list-style-type: none"> Minimum age limit > 18 years AND Documented diagnosis of invasive aspergillosis OR invasive mucormycosis AND Prescriber is an oncologist/hematologist or infectious disease specialist <p>Sporanox</p> <ul style="list-style-type: none"> HIV opportunistic infection criteria OR Documented diagnosis of a transplant OR History of an immunosuppressant in the past 6 months OR Have tried 2 different preferred agents in the past 6 months |
| ANTIFUNGALS (Topical) <small>SmartPA</small> | | | |
| ANTIFUNGALS | | | |

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|---------------------------------|--|--|--|
| | 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 <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| ANTIFUNGAL/STEROID COMBINATIONS | | | |

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|---|---|---|---|
| | clotrimazole/betamethasone cream nystatin/triamcinolone | clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone) | |
| ANTIFUNGALS (VAGINAL) | | | |
| | clotrimazole vaginal cream ^{OTC} miconazole 1, 7cream ^{OTC} miconazole 3 vaginal cream, suppository ^{OTC} TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer terconazole cream tioconazole | GYNAZOLE 1 (butoconazole) TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole suppository | |
| ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS ^{SmartPA} | | | |
| | MINIMALLY SEDATING ANTIHISTAMINES | | Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months |
| | cetirizine 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 syrup fexofenadine table levocetirizine syrup levocetirizine tablet XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine) | |
| | MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS | | |

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|---|--|--|--|
| | cetirizine/pseudoephedrine loratadine/pseudoephedrine | ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine) | |
| ANTIMIGRAINE AGENTS, ACUTE TREATMENT | | | |
| | CGRP ORAL | | |
| | NURTEC ODT (rimegepant) | UBRELVY (ubrogepant) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Nurtec ODT, Ubrovelvy <p>Quantity Limit</p> <ul style="list-style-type: none"> • 8 tablets/31 day – Nurtec ODT • 16 tablets/31 day – Ubrovelvy <p>Nurtec ODT</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • No concurrent therapy with another CGRP agent <p>Ubrovelvy</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND |

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|---------------------------|--|--|--|
| | | | <ul style="list-style-type: none"> 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 |
| | TRIPTANS & RELATED AGENTS ORAL <i>SmartPA</i> | | |
| | 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) | <p>Minimum Age Limit – ALL FORMULATIONS</p> <ul style="list-style-type: none"> 6 years – Maxalt 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Reyvow, Tosymra, Zembrace Symtouch, Zomig tablets <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> 4 tablets/31 days – Reyvow 50 mg 6 tablets/31 days - Axert, Relpax Zomig 8 tablets/31 days – Reyvow 100 mg 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> |

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|---|---|---|---|
| | | | <ul style="list-style-type: none"> Have tried 2 preferred oral agents in the past 90 days <p>Reyvow</p> <ul style="list-style-type: none"> Documented diagnosis of migraine AND Have tried 2 different triptans in the past 90 days AND Have tried preferred Nurtec ODT in the past 90 days |
| NASAL | | | |
| | sumatriptan zolmitriptan | IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ZOMIG (zolmitriptan) | <p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> 1 box/31 days <p>Non-Preferred Criteria - NASAL</p> <ul style="list-style-type: none"> Have tried 2 preferred oral agents in the past 90 days AND Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days |
| INJECTABLES | | | |
| | sumatriptan | IMITREX (sumatriptan) ZEMBRACE (sumatriptan) | <p>CUMULATIVE Quantity Limit - INJECTION</p> <p>4 injections/31 days</p> |
| ANTIMIGRAINE AGENTS, PROPHYLAXIS | | | |
| INJECTIBLES | | | |
| | AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm) | EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr) | <p>Aimovig - MANUAL PA</p> <p>Ajovy - MANUAL PA</p> <p>Emgality - MANUAL PA</p> <p>Vyepti - MANUAL PA</p> |

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|---|--|---|---|
| | | | |
| | ORAL | | |
| | | NURTEC ODT (rimegepant) QULIPTA (atogepant) | • See Antimigraine Agents, Acute |
| *ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS | | | |
| | AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) ROZLYTREK (entrectinib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TURALIO (pexidartinib) TYKERB (lapatinib ditosylate) vandetanib | ALECENSA (alectinib) ALUNBRIG (brigatinib) AYVAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) COPIKTURA (duvelisib) DAURISMO (glasdegib) ERIVEDGE (vismodegib) ERLEADA (apalutamide) erlotinib everolimus EXKIVITY (mobocertinib) FARYDAK (panobinostat) FOTIVDA (tivozanib) GAVRETO (pralsetinib) GLEEVEC (imatinib mesylate) GLEOSTINE (lomustine) IBRANCE (palbociclib) <i>SmartPA</i> IDHIFA (enasidenib) INQOVI (cedazuridine/decitabine) INREBIC (fedratinib) | Farydak - <u>MANUAL PA</u> • Documented diagnosis of multiple myeloma AND • Used in combination with bortezomib and dexamethasone per PI AND • History of 2 prior regimens including bortezomib and an immunomodulatory agent Ibrance • Documented diagnosis of WD-DDLS for retroperitoneal sarcoma OR • All other indications evaluated through clinical review Lenvima • Documented diagnosis of thyroid cancer OR • Documented diagnosis of hepatocellular carcinoma OR |

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|---------------------------|--|---|---|
| | VOTRIENT (pazopanib) XALKORI (crizotinib) XTANDI (enzalutamide) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib) | KISQALI (ribociclib) KOSELUGO (selumetinib) lapatinib ditosylate LENVIMA (lenvatinib) <i>SmartPA</i> LORBRENA (lorlatinib) LUMAKRAS (sotorasib) LYNPARZA (olaparib) <i>SmartPA</i> MEKTOVI (binimetnib) NERLYNX (neratinib maleate) NUBEQA (darolutamide) ODOMZO (sonidegib) ONUREG (azacitidine) ORGOVYX (relugolix) PEMAZYRE (pemigatinib) PIQRAY (alpelisib) QINLOCK (ripretinib) RETEVMO (selpercatinib) RUBRACA (rucaparib) RYDAPT (midostaurin) SCEMBLIX (asciminib) TABRECTA (capmatinib) TAGRISSO (osimertinib) TALZENNA (talazoparib) TAZVERIK (tazemetostat) TEPMETKO (tepotinib) TIBSOVO (ivosidenib) TRUSELTIQ (infigratinib) TUKYSA (tucatinib) UKONIQ (umbralisib) VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) | <ul style="list-style-type: none"> 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 <p>Lynparza Capsules - MANUAL PA</p> <p>Lynparza Tablets</p> <ul style="list-style-type: none"> Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer AND History of platinum-based chemotherapy in the past 2 years OR All other indications evaluated through clinical review |

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|--|--|--|---|
| | | WELIREG (belzutifan) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib) | |
| ANTIPARASITICS (Topical) ^{SmartPA} | | | |
| | PEDICULICIDES | | |
| | permethrin 1% ^{OTC} NATROBA (spinosad) | lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad VANALICE (piperonyl butoxide/pyrethrins) | Minimum Age/Weight Limit for Pediculicides <ul style="list-style-type: none"> • 50 kg - lindane shampoo • 2 months – permethrin 1%(OTC) • 6 months – Natroba, Sklice • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 preferred topical lice agents in the past 90 days |
| | SCABICIDES | | |
| | permethrin 5% ivermectin | ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton) STROMECTOL Tablet (ivermectin) | Minimum Age/Weight Limit for Topical Scabicides <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 4 years - Natroba • 18 years – Eurax Non-Preferred Criteria <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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|--|--------------------------------|---|---|
| ANTIPARKINSON'S AGENTS (Oral) <small>SmartPA</small> | | | |
| | ANTICHOLINERGICS | | Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of Parkinson's disease AND• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days |
| | benztropine trihexyphenidyl | COGENTIN (benztropine) | |
| | COMT INHIBITORS | | |
| | entacapone | COMTAN (entacapone) ONGENTYS (opicapone) TASMAR (tolcapone) tolcapone | |
| | DOPAMINE AGONISTS | | Xadago <ul style="list-style-type: none">• Documented diagnosis of Parkinson's disease AND |
| | ropinirole | KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER | |
| | MAO-B INHIBITORS | | |
| | selegiline | AZILECT (rasagiline) ELDEPRYL (selegiline) | |

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|-------------------------------|--|--|---|
| | | rasagiline XADAGO (safinamide) ZELAPAR (selegiline) | <ul style="list-style-type: none"> 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) | <p>Lodosyn and Inbrija</p> <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days <p>Nourianz</p> <ul style="list-style-type: none"> Documented diagnosis of Parkinson's Disease AND History of a preferred carbidopa/levodopa combination product in the past 30 days AND History of 30 days therapy with a preferred adjunctive therapy in the past 45 days |
| ANTIPSYCHOTICS SmartPA | | | |
| | ORAL | | |
| | amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol | ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 2 years – Droperidol 3 years – Haldol 5 years – Risperdal, thioridazine 6 years – Abilify, trifluoperazine |

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| | olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone risperidone ODT SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone | asenapine CAPLYTA (lumateperone) chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone) LATUDA (lurasidone) LYBALVI (olanzapine/samidorphan) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clnazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine) | <ul style="list-style-type: none"> • 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 <p>Concurrent Therapy Limit – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a Manual PA <p>Non-Preferred Criteria- Atypical Agents</p> <ul style="list-style-type: none"> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days <p>Nuplazid</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease |
| INJECTABLE, ATYPICALS SmartPA | | | |

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|---|--|---|--|
| | ABILIFY MAINTENA (aripiprazole) ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) INVEGA HAFYERA (paliperidone) 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) | |
| ANTIRETROVIRALS <small>SmartPA</small> | | | |
| SINGLE PRODUCT REGIMENS | | | |
| | BIKTARVY (bictegravir/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) DELSTRIGO (doravirine/lamivudine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir labeler | ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) | Stribild – <u>MANUAL PA</u> • Genotype testing supporting resistance to other regimens OR • Intolerance or contraindication to preferred combination of drugs AND |

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|------------------------|---|---|---|
| | GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) JULUCA (dolutegravir/rilpivirine) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir) | SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir) | <ul style="list-style-type: none">Medical reasoning beyond convenience or enhanced compliance over preferred agents ANDCrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy |
| | INTEGRASE STRAND TRANSFER INHIBITORS | | |
| | APRETUDE ER (cabotegravir) ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium) | ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir) | Non-Preferred Criteria <ul style="list-style-type: none">1 claim with the requested agent in the past 105 days |
| | 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) | |
| | NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) | | |

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

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|---------------------------|---|--|-------------|
| | ENTRY INHIBITORS – FUSION INHIBITORS | | |
| | | FUZEON (enfuvirtide) | |
| | COMBINATION PRODUCTS - NRTIs | | |
| | abacavir/lamivudine CABENUVA (cabotegravir/rilpivirine) DOVATO (dolutegravir/lamivudine) JULUCA (dolutegravir/rilpivirine) lamivudine/zidovudine | abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) 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 ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) | ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir) | |
| | COMBINATION PRODUCTS – PROTEASE INHIBITORS | | |
| | KALETRA (lopinavir/ritonavir) | lopinavir/ritonavi | |
| | CD4 DIRECTED ATTACHMENT INHIBITOR | | |

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|---------------------------|-------------------------------------|---|---|
| | | RUKOBIA (fostemsavir tromethamine ER) | |
| | CD4 DIRECTED HIV-1 INHIBITOR | | |
| | | TROGARZO (ibalizumab) | |
| ANTIVIRALS (Oral) | | | |
| | ANTI-CYTOMEGALOVIRUS AGENTS | | |
| | valganciclovir tablets | LIVTENCITY (maribavir) 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 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) | |

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|----------------------------------|--|---|-------------|
| | | | |
| | ANTI-INFLUENZA AGENTS | | |
| | oseltamivir | FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir) XOFLUZA (baloxavir marboxil) | |
| ANTIVIRALS (Topical) | | | |
| | ZOVIRAX Cream (acyclovir) | acyclovir cream, ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir) | |
| AROMATASE INHIBITORS | | | |
| | anastrozole exemestane letrozole | ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole) | |
| ATOPIC DERMATITIS SmartPA | | | |

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|---|--|--|---|
| | ADBRY (tralokinumab) DUPIXENT (dupilumab) ELIDEL (pimecrolimus) PROTOPIC (tacrolimus) tacrolimus | CIBINQO (abrocitinib) EUCRISA (crisaborole) OPZELURA (ruxolitinib) pimecrolimus | 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 • <u>MANUAL PA</u> Dupixent – Evaluated through Manual PA according to diagnosis Asthma – <u>MANUAL PA</u> Atopic Dermatitis – <u>MANUAL PA</u> Nasal Polyposis – <u>MANUAL PA</u> |
| BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small> | | | |
| | acebutolol atenolol bisoprolol metoprolol metoprolol ER nadolol nebivolol <small>Step Edit</small> pindolol propranolol propranolol ER sotalol | BETAPACE (sotalol) betaxolol BYSTOLIC (nebivolol) CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) | Nebivolol • 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 |

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---------------------------|--|---|--|
| | | SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol) | |
| | BETA- AND ALPHA-BLOCKERS | | |
| | carvedilol labetalol | carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol) | Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| | BETA BLOCKER/DIURETIC COMBINATIONS | | |
| | atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ | CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ) | |
| | ANTIANGINALS | | |
| | | RANEXA (ranolazine) ranolazine | Ranexa <ul style="list-style-type: none"> Documented diagnosis of angina AND 1 claim for a calcium channel blocker, beta-blocker, nitrate, or |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|--|---|
| | | | combination agent in the past 30 days OR <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days |
| SINUS NODE AGENTS | | | |
| | | CORLANOR (ivabradine) | Corlanor - MANUAL PA |
| BILE SALTS | | | |
| | ursodiol | ACTIGALL (ursodiol) BYLVAY (odevixibat) CHENODAL (chenodiol) CHOLBAM (cholic acid) LIVMARLI (maralixibat) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol) | |
| BLADDER RELAXANT PREPARATIONS <small>SmartPA</small> | | | |
| | oxybutynin ER oxybutynin IR solifenacin | darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) GEMTESA (vibegron) MYRBETRIQ ER (mirabegron) MYRBETRIQ granules (mirabegron) OXYTROL (oxybutynin) tolterodine | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |

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

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

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

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

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|---|--|---|--|
| | 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) | <p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>nimodipine</p> <ul style="list-style-type: none"> • Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND • Duration of therapy limited to 21 days |
| | LONG-ACTING | | |
| | amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) | ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) | Non-Preferred Criteria |

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|--|---|---|--|
| | diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER | 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) | <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| CALORIC AGENTS | | | |
| | BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOAL HN | All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization. | Non-Preferred Agents - <u>MANUAL PA</u> |
| CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral) | | | |

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|----------------------------|---|---|--|
| | BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS | | |
| | amoxicillin/clavulanate amoxicillin/clavulanate XR | AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin) | |
| | CEPHALOSPORINS – First Generation SmartPA | | Non-Preferred Criteria – all generations • Have tried 2 different preferred agents in the past 6 months |
| | cefadroxil cephalexin capsules cephalexin suspensio | cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin) | |
| | CEPHALOSPORINS – Second Generation SmartPA | | |
| | cefaclor capsules cefprozil cefuroxime tablets | cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime) | Maximum Age Limit • 18 years – cefdinir suspension |
| | CEPHALOSPORINS – Third Generation SmartPA | | |
| | cefdinir suspension cefdinir capsules cefpodoxime | CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime) | |
| COLONY STIMULATING FACTORS | | | |
| | NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim) | FULPHILA (pegfilgrastim) GRANIX (tbo-filgrastim) LEUKINE (sargramostim) | |

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|--|--------------------------------|--|--|
| | ZIEXTENZO (pegfilgrastim-bmez) | NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) RELEUKO (filgrastim) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) | |
| CYSTIC FIBROSIS AGENTS <small>SmartPA</small> | | | |
| | tobramycin (generic TOBI) | BETHKIS (tobramycin) BRONCHITOL (mannitol) CAYSTON (aztreonam) colistmethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 3 months – Pulmozyme • 4 months – Kalydeco Granules • 2 years – Coly-Mycin M, Orkambi Granules • 6 years – Bethkis, Kalydeco tablet, Kitabis, Orkambi 100/125mg tablet, Symdeko, TOBI, TOBI Podhaler, Trikafta • 7 years – Cayston • 12 years – Orkambi 200/125mg tablet • 18 years - Bronchitol <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 5 years – Kalydeco and Orkambi Granules <p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis |

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|---|---|---|---|
| | | | Colistimethate <ul style="list-style-type: none"> Documented diagnosis of Cystic Fibrosis OR Requires clinical review Kalydeco – MANUAL PA Orkambi – MANUAL PA Symdeko – MANUAL PA Trikafta – MANUAL PA TOBI Podhaler <ul style="list-style-type: none"> Requires clinical review |
| CYTOKINE & CAM ANTAGONISTS ^{Smart PA} | | | |
| | ACTEMRA SYRINGE (tocilizumab) ACTEMRA VIAL(tocilizumab) AVSOLA (infliximab) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) methotrexate ORENCIA CLICKJET(abatacept) ORENCIA VIAL(abatacept) OTEZLA (apremilast) SIMPONI (golimumab) TALTZ (ixekizumab) XELJANZ IR (tofacitinib) | ACTEMRA ACTPEN (tocilizumab) ARCALYST (rilonacept) CIMZIA (certolizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) OLUMIANT (baricitinib) ORENCIA SYRINGE (abatacept) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) | All preferred agents are subject to approved age and documented diagnosis for appropriate indication. Cosentyx <ul style="list-style-type: none"> Age ≥ 6 years AND Documented diagnosis of plaque psoriasis AND Have tried 90 days therapy with both Enbrel and Taltz OR Age ≥ 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 |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|--|--|--|
| | | RINVOQ (upadacitinib) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib) | <ul style="list-style-type: none"> All other indications evaluated through clinical review <p>All other Non-Preferred Agents</p> <ul style="list-style-type: none"> Require clinical review <p>IV Administered Agents</p> <ul style="list-style-type: none"> Require clinical review |
| ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small> | | | |
| | EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO) | ARANESP (darbepoetin) PROCIT (rHuEPO) | <p>Mircera</p> <ul style="list-style-type: none"> Documented diagnosis chronic renal failure in the past 2 years <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months AND Trial of a preferred Retacrit or Epogen in the past 6 months OR 1 claim for the requested agent in the past 105 days |
| FACTOR DEFICIENCY PRODUCTS | | | |
| | | FACTOR VIII | |
| | ADVATE AFSTYLA | ADYNOVATE ELOCTATE | |

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|---------------------------|--|--|--|
| | ALPHANATE FEIBA NF HEMOFIL M HUMATE-P KOATE KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ RECOMBINATE WILATE XYNTHA XYNTHA SOLOFUSE | ESPEROCT HEXILATE FS JIVI KCENTRA OBIZUR VONVENDI | |
| FACTOR IX | | | |
| | ALPHANINE SD ALPROLIX BENEFIX IDELVION IXINITY MONONINE PROFILNINE RIXUBIS | REBINYN | |
| OTHER FACTOR PRODUCTS | | | |
| | COAGADEX FIBRYGA HEMLIBRA <small>SmartPA</small> RIASTAP | CORIFACT NOVOSEVEN RT SEVENFACT TRETEN | Hemlibra • 1 claim with the requested agent in the past 105 days • MANUAL PA – new patients |

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|---|---|--|--|
| FIBROMYALGIA/NEUROPATHIC PAIN AGENTS | | | |
| | duloxetine gabapentin pregabalin SAVELLA (milnacipran) | CYMBALTA (duloxetine) ^{SmartPA} DRIZALMA SPRINKLES (duloxetine DR) duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) ^{SmartPA} LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin) pregabalin ER | Cymbalta and Irenka (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine |
| FLUOROQUINOLONES (Oral) ^{SmartPA} | | | |
| | ciprofloxacin tablets levofloxacin tablets | AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution 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 |

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|---|--|---|---|
| | | | Levaquin solution for age < 12 years <ul style="list-style-type: none"> • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide AND <ul style="list-style-type: none"> • Cipro suspension in the past 3 months |
| GAUCHER'S DISEASE | | | |
| | ELELYSO (taliglucerase alfa) ZAVESCA (miglustat) | CERDELGA (eliglustat) CEREZYME (imiglucerase) miglustat VPRIV (velaglucerase alfa) | |
| GENITAL WARTS & ACTINIC KERATOSIS AGENTS | | | |
| | 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 <ul style="list-style-type: none"> • 12 years – Aldara, Zyclara • 18 years – Condylox, Picato, Veregen |

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|---|--|---|---|
| GLUCOCORTICOIDS (Inhaled) <small>SmartPA</small> | | | |
| | GLUCOCORTICOIDS | | |
| | ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDIHALER (beclomethasone dipropionate) | ALVESCO (ciclesonide) ARMONAIR Digihaler (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules | Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months ArmonAir Digihaler <ul style="list-style-type: none"> Requires clinical review <u>NOTE:</u> Institutional sized products are Non-Preferred |
| | GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS | | |
| | ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic AIRDUO) SYMBICORT (budesonide/formoterol) | AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol fluticasone/salmeterol (generic ADVAIR) WIXELA INHUB (fluticasone/salmeterol) | Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months AirDuo Digihaler <ul style="list-style-type: none"> Requires clinical review |
| GI ULCER THERAPIES | | | |
| | H2 RECEPTOR ANTAGONISTS | | |
| | cimetidine solution famotidine solution | AXID (nizatidine) cimetidine tablets | |

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|---------------------------|--|---|---|
| | famotidine tablets nizatidine solution | nizatidine tablets PEPCID (famotidine) | Prilosec suspension • Automatic approval for 0 - 2 years |
| | PROTON PUMP INHIBITORS | | |
| | esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole | ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole | |
| | OTHER | | |
| | misoprostol sucralfate suspension sucralfate tablet | CARAFATE SUSPENSION (sucralfate) CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) DARTISLA ODT (glycopyrrolate) | |
| GROWTH HORMONE SmartPA | | | |
| | NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) | GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) | All Agents for Age ≥ 18 years • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi |

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|---|--|---|--|
| | | SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (lonapegsomatropin) VOXZOGO (vosoritide) ZOMACTON (somatropin) ZORBTIVE (somatropin) | Syndrome, Turner Syndrome or an approvable adult diagnosis OR • Documented procedure of cranial irradiation All Agents for Age < 18 years • Documented diagnosis of idiopathic short stature AND • Documented approvable pediatric diagnosis OR • Documented approvable pediatric diagnosis Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months OR • 84 consecutive days on the requested agent in the past 105 days |
| H. PYLORI COMBINATION TREATMENTS | | | |
| | PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) | lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin) | Quantity Limit • 1 treatment course/year |
| HEPATITIS B TREATMENTS | | | |
| | entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV | adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) | |

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|-------------------------------|---|---|---|
| | tenofovir disoproxil fumarate | HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate) | |
| HEPATITIS C TREATMENTS | | | |
| | MAVYRET (glecaprevir/pibrentasvir) ∞ MAVYRET PELLETS (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> Epclusa, Harvoni, Mavyret and Sovaldi have FDA pediatric indications |
| HEREDITARY ANGIOEDEMA | | | |
| | | BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) | |

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|--|---|--|--|
| | | icatibant KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo) | |
| HYPERURICEMIA & GOUT <small>SmartPA</small> | | | |
| | allopurinol colchicine tablet probenecid probenecid/colchicine | colchicine capsule COLCRYS (colchicine) febuxostat LOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| HYPOGLYCEMIA TREATMENT, GLUCAGON | | | |
| | BAQSIMI (glucagon) <small>Step Edit</small> glucagon vial glucagon labeler 00002 ZEGALOGUE (dasiglucagon) <small>Step Edit</small> | glucagon kit (labelers 63323, 00548) GVOKE (glucagon) | Minimum Age Limit <ul style="list-style-type: none"> 2 years – Gvoke 4 years – Baqsimi 6 years – Zegalogue Quantity Limit <ul style="list-style-type: none"> 2 packs/31 days – Baqsimi 2 syringes/31 days – Gvoke, Zegalogue 2 kits/31 days – Glucagon Non-Preferred Criteria |

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|---|---|--|--|
| | | | <ul style="list-style-type: none"> Have tried 2 preferred branded glucagon in the past 30 days <p>Baqsimi</p> <ul style="list-style-type: none"> Have tried 1 different preferred glucagon in the past 365 days OR 1 claim with Baqsimi in the past 365 days <p>Zegalogue</p> <ul style="list-style-type: none"> Have tried 1 different preferred glucagon in the past 365 days OR 1 claim with Zegalogue in the past 30 days |
| HYPOGLYCEMICS, BIGUANIDES <small>SmartPA</small> | | | |
| | metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR) | FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24HR (generic Glumetza) RIOMET SOLUTION* (metformin) | <ul style="list-style-type: none"> Clinical review required for addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Riomet Solution</p> |

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|--|---|--|--|
| | | | <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days |
| HYPOGLYCEMICS, DPP4s and COMBINATON <small>SmartPA</small> | | | |
| | JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin) | alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENI (alogliptin/pioglitazone) | <ul style="list-style-type: none"> Clinical review required with concomitant use of GLP-1 products in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Kombiglyze XR and Onglyza</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days |
| HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS <small>SmartPA</small> | | | |
| | BYETTA (exenatide) VICTOZA (liraglutide) | ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide) MOUNJARO (tirzepatide) ^{NR} OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) | <ul style="list-style-type: none"> Clinical review required with concomitant use of DPP-4 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

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Updated:08-16-2022

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|--|--|---|---|
| | | SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide) | <p>or more days' supply of the drug in the past 30 days</p> <ul style="list-style-type: none"> 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Symlin is excluded from all criteria</p> |
| HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small> | | | |
| | HUMULIN N, R, 70/30 VIAL ^{OTC} (insulin) HUMULIN R U500 KWIKPEN HUMULIN R U500 VIAL (insulin) HUMALOG MIX 50/50 VIAL HUMALOG MIX 75/25 VIAL insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen Insulin lispro insulin lispro jr kwikpen 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} insulin glargine LYUMJEV KWIKPEN (insulin lispro) LYUMJEV VIAL (insulin lispro) NOVOLIN N, R, 70/30 FLEXPEN (insulin) ^{OTC} NOVOLIN N, R, 70/30 VIAL (insulin) ^{OTC} | <p>Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.</p> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of Diabetes Mellitus AND Have tried 1 preferred product in the past 6 months OR 1 claim with the requested agent in the past 105 days |

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|---|--|---|--|
| | | NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) SEMGLEE (insulin glargine) TRESIBA (insulin degludec) TOUJEO (insulin glargine) TOUJEO MAX (insulin glargine) | |
| HYPOGLYCEMICS, MEGLITINIDES SmartPA | | | |
| | nateglinide repaglinide | PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide) | <ul style="list-style-type: none"> Clinical review required for addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes |
| HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA | | | |
| | HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS | | |
| | FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin) | STEGLATRO (ertugliflozin) | <ul style="list-style-type: none"> Clinical review required for addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days |

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|---|---|---|--|
| | | | <ul style="list-style-type: none"> o 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) | <ul style="list-style-type: none"> • Clinical review required for addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> o Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days o 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes |
| | TZD COMBINATIONS | | |

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|--|---|--|--|
| | 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 | | | |
| | OFEV (nintedanib) | ESBRIET (pirfenidone) pirfenidone | All Agents • Documented diagnosis Idiopathic Pulmonary Fibrosis |
| IMMUNOSUPPRESSIVE (ORAL) SmartPA | | | |
| | AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus) | ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus) REZUROCK (belumosudil) | 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 Azasan • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis Gengraf, Neoral, Sandimmune |

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

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|--------------------------------|---|--|
| | PANZYGA PRIVIGEN XEMBIFY | | |
| IMMUNOLOGIC THERAPIES FOR ASTHMA | | | |
| | DUPIXENT (dupilumab)* | FASENRA PEN AUTOINJECTOR (benralizumab)* NUCALA AUTOINJECTOR (mepolizumab)* NUCALA SYRINGE (mepolizumab)* TEZSPIRE (tezepelumab) XOLAIR SYRINGE (omalizumab) | <p>Minimum Age Limit 12 years – Fasenra pen, Nucala autoinjector, Nucala syringe</p> <p>Nonpreferred Criteria</p> <ul style="list-style-type: none"> • 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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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|----------------------------|--|--|---|
| | | | Dupixent – MANUAL PA |
| INTRANASAL RHINITIS AGENTS | | | |
| | ANTICHOLINERGICS | | |
| | ipratropium | ATROVENT (ipratropium) | |
| | ANTIHIAMINES | | |
| | azelastine | ASTEPRO (azelastine) olopatadine PATANASE (olopatadine) | |
| | ANTIHIAMINE/CORTICOSTEROID COMBINATION SmartPA | | |
| | | DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone) | |
| | CORTICOSTEROIDS SmartPA | | Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis for allergic rhinitis AND• Have tried 1 different preferred agent in the past 6 months |
| | 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) | |
| IRON CHELATING AGENTS | | | |

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|--|--|--|--|
| | deferasirox all strengths (all labelers except those listed as non-preferred) FERRIPROX (deferiprone) | deferasirox (labeler 00093, 16714, 45963, 62332) EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox) | Jadenu – MANUAL PA |
| IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small> | | | |
| IRRITABLE BOWEL SYNDROME CONSTIPATION | | | |
| | AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide) MOVANTIK (naloxegol) | IBSRELA (tenapanor) LINZESS 72mcg (linaclotide) linaclotide lubiprostone MOTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod) | <p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> • 18 years – except Bentyl, Gattex, Levsin <p>Gender Limit</p> <ul style="list-style-type: none"> • Female – Amitiza 8mcg <p>Chronic Idiopathic Constipation (CIC)</p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p>All CIC Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction <p>Non-Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR |

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|---------------------------|------------------|----------------------|--|
| | | | <ul style="list-style-type: none"> 1 claim with the requested agent in the past 105 days <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <p>All IBS-C Agents</p> <ul style="list-style-type: none"> Documented diagnosis of IBS-C in the past year AND No history of GI or bowel obstruction <p>Non-Preferred IBS-C Agents</p> <ul style="list-style-type: none"> Above IBS-C criteria AND 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the requested agent in the past 105 days <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents</p> <ul style="list-style-type: none"> Documented diagnosis of OIC in the past year AND 1 claim for an opioid in the past 30 days AND No history of GI or bowel obstruction AND |

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|---------------------------|--|--|---|
| | | | <ul style="list-style-type: none"> Documented diagnosis of chronic pain in the past year <p>Non- Preferred OIC Agents</p> <ul style="list-style-type: none"> Above OIC criteria AND 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the requested agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> Above OIC criteria AND Documented diagnosis of active cancer in the past year AND Documented diagnosis of palliative care in the past 6 months |
| | IRRITABLE BOWEL SYNDROME DIARRHEA | | |
| | dicyclomine hyoscyamine | alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)* | <p>Viberzi</p> <ul style="list-style-type: none"> Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year AND 30 days of therapy with 2 preferred agents in the past 6 months OR 1 claim with the requested agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> 1 claim for the requested agent in the past 105 days OR |

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EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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

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|--|--|--|--|
| | | | <ul style="list-style-type: none"> All new patients require clinical review <p>Nutrestore</p> <ul style="list-style-type: none"> Requires clinical review |
| LEUKOTRIENE MODIFIERS <i>SmartPA</i> | | | |
| | montelukast granules montelukast tablets zafirlukast | ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton) | <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Zflo & Zflo CR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |
| LIPOTROPICS, OTHER (NON-STATINS) <i>SmartPA</i> | | | |
| ACL INHIBITORS AND COMBINATIONS | | | |
| | | NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe) | <p>Nexletol and Nexlizet</p> <ul style="list-style-type: none"> Requires clinical review |
| ANGIOPOIETIN LIKE 3 INHIBITORS | | | |
| | | EVKEEZA (evinacumab-dgnb) | |
| BILE ACID SEQUESTRANTS | | | |
| | cholestyramine colestipol | colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam) | <p>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred</p> |

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|--|---------------------------|---|---|
| | | | <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 statin or statin combination agent in the past year OR • One of the following exceptions <ul style="list-style-type: none"> ◦ Welchol AND Type 2 diabetes AND 1 preferred oral antidiabetic agent in the past 180 days OR ◦ Pregnant female OR ◦ Documented diagnosis of liver disease OR ◦ Documented diagnosis for hypertriglyceridemia OR ◦ Clinical justification a statin or statin combination product cannot be used <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months |
| OMEGA-3 FATTY ACIDS | | | |
| | omega 3 acid ethyl esters | LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl) | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months |
| CHOLESTEROL ABSORPTION INHIBITORS | | | |

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|------------------------|---|--|---|
| | ezetimibe | ZETIA (ezetimibe) | Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year |
| | FIBRIC ACID DERIVATIVES | | |
| | fenofibrate nanocrystallized gemfibrozil | ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid) | Fibric Acid Derivative Non-Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months |
| | MTP INHIBITOR | | |
| | | JUXTAPID (lomitapide) | 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 | | |

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|--|--|---|---|
| | PRALUENT (alirocumab) REPATHA (evolocumab) | LEQVIO (inclisiran) | Praluent - MANUAL PA Repatha - MANUAL PA |
| LIPOTROPICS, STATINS <small>SmartPA</small> | | | |
| | STATINS | | |
| | atorvastatin lovastatin pravastatin rosuvastatin simvastatin | ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin) | Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days |
| | STATIN COMBINATIONS | | |
| | ezetimibe/simvastatin SIMCOR (simvastatin/niacin) | ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) VYTORIN (simvastatin/ezetimibe) | Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days |
| MISCELLANEOUS BRAND/GENERIC | | | |

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|---------------------------|--|--|---|
| | EPINEPHRINE | | Quantity Limit • 2 kits/31 days Alprazolam ER CUMULATIVE quantity limit • 31 tablets/31 days Evrysdi - MANUAL PA |
| | epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine) | ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine) | |
| | MISCELLANEOUS | | |
| | alprazolam CARBAGLU (carglumic acid) hydroxyzine hcl syrup hydroxyzine hcl tablets hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL REVLIMID (lenalidomide) | alprazolam ER CAMZYOS (mavacamten) ^{NR} carglumic acid EVRYSDI (risdiplam) hydroxyprogesterone caproate KORLYM (mifepristone) lenalidomide MEGACE ES (megestrol) VERQUVO (vericiguat) VISTARIL (hydroxyzine pamoate) | |
| | ALLERGEN EXTRACT IMMUNOTHERAPY | | |
| | | GRASTEK ORALAIR PALFORZIA RAGWITEK | |
| | SUBLINGUAL NITROGLYCERIN | | |
| | nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin) | nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin) | |

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|---|--|---|--|
| MOVEMENT DISORDER AGENTS <small>SmartPA</small> | | | |
| | AUSTEDO (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine (all labelers except those listed as non-preferred) | tetrabenazine (labeler 47335, 51224, 60505, 68180, 686820) XENAZINE (tetrabenazine) | <p>Austedo</p> <ul style="list-style-type: none"> 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 <p>Ingrezza</p> <ul style="list-style-type: none"> Documented diagnosis of tardive dyskinesia AND 90 days therapy with Ingrezza in the past 105 days OR MANUAL PA |
| MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small> | | | |
| | AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine dimethyl fumarate GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a) | AMPYRA (dalfampridine) BAFIERTAM (monomethyl fumarate) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) KESIMPTA (ofatumumab) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) | <p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days <p>Kesimpta, Ponvory and Zeposia</p> <ul style="list-style-type: none"> Requires clinical review |

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| | | PONVORY (ponesimod) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod) | Mavenclad – MANUAL PA Mayzent – MANUAL PA Ocrevus – MANUAL PA |
| MUSCULAR DYSTROPHY AGENTS | | | |
| | | AMONDYS 45 (casimersen) EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen) | Emflaza – MANUAL PA Exondys – MANUAL PA Viltepso – MANUAL PA Vyondys – MANUAL PA |
| NSAIDS <small>SmartPA</small> | | | |
| | NON-SELECTIVE | | |
| | diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen ibuprofen suspension ^{OTC} indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam | ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac potassium) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac potassium etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER | 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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|---------------------------|---|---|---|
| | sulindac | LOFENA(diclofenac potassium) meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac) | |
| | NSAID/GI PROTECTANT COMBINATIONS | | |
| | | ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months |
| | COX II SELECTIVE | | |
| | meloxicam | CELEBREX (celecoxib) celecoxib ELYXYB (celecoxib) MOBIC (meloxicam) | Non-Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, |

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|-------------------------------|---|--|---|
| | | NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam) | Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND <ul style="list-style-type: none"> 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 erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin | AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) | |

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|--|---|---|--|
| | | 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 | |
| OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small> | | | |
| | dexamethasone diclofenac difluprednate FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac | ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) DUREZOL (difluprednate) FML (fluorometholone) ILEVRO (nepafenac) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|--|--|---|---|
| | MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone) | INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) loteprednol etabonate OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac) | |
| OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA | | | |
| | ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2% | ALOCRIIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIAE (cetirizine) | Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months |
| OPHTHALMIC, DRY EYE AGENTS | | | |
| | RESTASIS droperette (cyclosporine) | CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) RESTASIS Multidose (cyclosporine) TYRVAYA (varaenicine) Nasal XIIDRA (lifitegrast) Smart PA | Minimum Age Limit • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa Quantity Limit |

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|--|---|--|--|
| | | | <ul style="list-style-type: none">• 5.5 mL/31 days – Restasis Multidose• 60 units/31 days – Cequa, Restasis droperette, Xiidra <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• History of 4 claims for Restasis in the past 6 months |
| OPHTHALMIC, GLAUCOMA AGENTS <small>SmartPA</small> | | | |
| | BETA BLOCKERS | | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days |
| | BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5% | BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol) | |
| | CARBONIC ANHYDRASE INHIBITORS | | |
| | dorzolamide | AZOPT (brinzolamide) TRUSOPT (dorzolamide) | |
| | COMBINATION AGENTS | | |
| | COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine) | COSOPT (dorzolamide/timolol) COSOPT PF (dorzolamide/timolol) | |
| | PARASYMPATHOMIMETICS | | |

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|------------------------------|--|--|---|
| | 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 (lantanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost) | |
| | RHO KINASE INHIBITORS/COMBINATIONS | | |
| | RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost) | | |
| | SYMPATHOMIMETICS | | |
| | ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2% | brimonidine 0.15% dipivefrin PROPINE (dipivefrin) | |
| OPIATE DEPENDENCE TREATMENTS | | | |
| | DEPENDENCE | | <u>Buprenorphine/Naloxone and buprenorphine</u> Non-Preferred Criteria |
| | buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA} | buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) | |

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|------------------------|--|--|--|
| | | SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone) | <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone provider summary found here <p>Probuphine – MANUAL PA Sublocade – MANUAL PA Vivitrol - MANUAL PA</p> |
| TREATMENT | | | |
| | naloxone injection NARCAN NASAL SPRAY (naloxone) KLOXXADO (naloxone) | EVZIO (naloxone) ZIMHI (naloxone) | |
| OTIC ANTIBIOTICS | | | |
| | CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone ofloxacin | ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil | <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 9 years - Cipro HC |

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|--|---|---|---|
| | | OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone) | |
| PANCREATIC ENZYMES SmartPA | | | |
| | CREON (pancreatin) ZENPEP (pancrelipase) | PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase) | Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months |
| PARATHYROID AGENTS | | | |
| | calcitriol ergocalciferol paricalcitol ROCALtrol (calcitriol) ZEMPLAR (paricalcitol) | cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet) | |
| PHOSPHATE BINDERS | | | |
| | calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets | AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide) | |
| PLATELET AGGREGATION INHIBITORS SmartPA | | | |

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|------------------------------------|--|--|--|
| | 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 – MANUAL PA Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis AND• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days |
| PLATELET STIMULATING AGENTS | | | |
| | NPLATE (romiplostim) PROMACTA (eltrombopag olamine) | DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) PROMACTA powder pack (eltrombopag olamine) TAVALISSE (fostamatinib disodium) | |
| PRENATAL VITAMINS | | | |
| | COMPLETE NATAL DHA COMPLETENATE CHEW Tablet M-NATAL PLUS Tablet NESTABS DHA COMBO PKG PNV 29-1 Tablet PNV 95/Fe/FA Tablet (labeler 00536) PNV 137/Fe/FA Tablet (labeler 009040) PNV-DHA Softgel Capsule PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet PRETAB Tablet SE-NATAL19 CHEW Tablet SE-NATAL19 Tablet THRIVITE RX Tablet | Products not listed are assumed to be Non-Preferred. | |

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|---|---|--|---|
| | TRINATAL Rx 1 Tablet VIRT-NATE DHA Softgel Capsule VP-PNV-DHA Softgel Capsule WESTAB PLUS Tablet | | |
| PSEUDOBULBAR AFFECT AGENTS | | | |
| | | NUEDEXTA (dextromethorphan/quinidine) | Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Documented diagnosis of Pseudobulbar Affect |
| PULMONARY ANTIHYPERTENSIVES <small>SmartPA</small> | | | |
| | ENDOTHELIN RECEPTOR ANTAGONIST | | |
| | ambrisentan (all labelers except those listed as non-preferred) bosentan tablets | ambrisentan (labeler 42794, 47335, 498840) LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) | All PAH Agents <ul style="list-style-type: none"> Documented diagnosis of pulmonary hypertension Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| | PDE5's | | |
| | sildenafil (generic Revatio) tablet tadalafil | ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR |

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|---------------------------|------------------|----------------------|--|
| | | | <ul style="list-style-type: none">• 90 consecutive days on the requested agent in the past 105 days <p>Revatio suspension</p> <ul style="list-style-type: none">• < 12 years of age AND• Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation or history of heart transplant OR• 90 consecutive days on the requested agent in the past 105 days <p>Revatio tablets</p> <ul style="list-style-type: none">• < 1 year of age AND• Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR• 90 consecutive days 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 |

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|---|------------------------------------|--|---|
| PROSTACYCLINS | | | |
| | | ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS | | | |
| | | UPTRAVI (selexipag) | Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days |
| SOLUABLE GUANYLATE CYCLASE STIMULATORS | | | |
| | | ADEMPAS (riociguat) | Adempas <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days OR Clinical review required for PAH WHO Group 4 |
| ROSACEA TREATMENTS | | | |
| | metronidazole (cream, gel, lotion) | AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) | 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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|---------------------------|---|---|--|
| | | MIRVASO (brimonidine) 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 <i>SmartPA</i> 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> |

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---------------------------|-----------------------|---|--|
| | | | <ul style="list-style-type: none"> • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days |
| | OTHERS SmartPA | | |
| | zaleplon zolpidem | AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) QUVIVIQ (daridorexant) 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> <ul style="list-style-type: none"> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female • 1 bottle/31 days (48 ml or 158 ml) – Hetlioz liquid Gender and Dose Limit for zolpidem <ul style="list-style-type: none"> • Female – Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months Hetlioz capsules |

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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|-------------------------------|---|---|---|
| | | | <ul style="list-style-type: none">• Documented diagnosis of circadian rhythm sleep disorder AND• Documented diagnosis indicating total blindness of the patient OR• Documented diagnosis of Magenis-Smith syndrome <p>Hetlioz liquid</p> <ul style="list-style-type: none">• Documented diagnosis of Smith-Magenis syndrome AND• 3 - 15 years of age |
| SELECT CONTRACEPTIVE PRODUCTS | | | |
| | INJECTABLE CONTRACEPTIVES | | <p>Non-Preferred Criteria</p> <ul style="list-style-type: none">• 1 claim with the requested agent in the past 105 days |
| | medroxyprogesterone acetate IM | DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate) | |
| | INTRAVAGINAL CONTRACEPTIVES | | |
| | ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol) | PHEXXI (lactic acid, citric acid, potassium bitartrate) | |
| | ORAL CONTRACEPTIVES SmartPA | | |
| | ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED | AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BALCOLTRA (levonorgestrel/ethinyl estradiol/iron) BEYAZ (ethinyl estradiol / drospirenone/levomefolate) | |

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|---------------------------|----------------------------|--|-------------|
| | | CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) GENERESS FE (norethindrone/ethinyl estradiol/fe) GIANVI (ethinyl estradiol/drospirenone) JOLESSA (levonorgestrel/ethinyl estradiol) levonorgestrel/ethinyl estradiol LO LOESTRIN FE (norethindrone/ethinyl estradiol) LOESTRIN (norethindrone acetate/ethinyl estradiol) LOESTRIN FE (norethindrone/ethinyl estradiol/iron) MINASTRIN 24 FE (norethindrone/ethinyl estradiol/iron) NATAZIA (estradiol valerate/dienogest) NEXTSTELLIS (drospirenone/estetrol) OCELLA (ethinyl estradiol/drospirenone) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SIMPESSA (levonorgestrel/ethinyl estradiol) TAYTULLA (norethindrone/ethinyl estradiol/iron) TYDEMY (ethinyl estradiol/drospirenone/levomefolate calcium) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone) | |
| | TRANSDERMAL CONTRACEPTIVES | | |

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|--|---|---|--|
| | XULANE (norelgestromin and ethinyl estradiol) | ZAFEMY (norelgestromin and ethinyl estradiol) TWIRLA (levonorgestrel and ethinyl estradiol) | |
| SICKLE CELL AGENTS | | | |
| | DROXIA (hydroxyurea) hydroxyurea | ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea) | Endari – MANUAL PA Oxbryta – MANUAL PA |
| SKELETAL MUSCLE RELAXANTS SmartPA | | | |
| | baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets | AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FLEQSUVY (baclofen) FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) | Non-Preferred Agents <ul style="list-style-type: none"> Documented diagnosis for an approvable indication AND Have tried 2 different preferred agents in the past 6 months Carisoprodol <ul style="list-style-type: none"> Documented diagnosis of acute musculoskeletal condition AND NO history with meprobamate in the past 90 days AND 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND Quantity Limit <ul style="list-style-type: none"> 18 tablets - to allow tapering off 84 tablets/6 months Carisoprodol with codeine |

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|----------------------------|---|---|--|
| | | SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine) | <ul style="list-style-type: none">Requires clinical review |
| SMOKING DETERRENT | | | |
| | NICOTINE TYPE | | Minimum Age Limit - Chantix <ul style="list-style-type: none">18 years Quantity Limit <ul style="list-style-type: none">336 tablets/year – Chantix 0.5mg, 1mg tablets and continuing pack2 treatment courses/year – Chantix Starter Pack |
| | 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) varenicline | ZYBAN (bupropion) | |
| | | | |
| STERIODS (Topical) SmartPA | | | |
| | LOW POTENCY | | Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred low potency agents in the past 6 months |
| | CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln. | alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil | |

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

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|--|--|---|---|
| | | PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide) | |
| VERY HIGH POTENCY | | | |
| | clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment | BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (halobetasol) | Non-Preferred Criteria • Have tried 2 different preferred very high potency agents in the past 6 months |
| STIMULANTS AND RELATED AGENTS <small>SmartPA</small> | | | |
| SHORT-ACTING | | | |
| | amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR | ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution | Minimum Age Limit • 3 years - Adderall, Evekeo, Procentra, Zenzedi |

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|---------------------------|---|--|--|
| | methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine) | EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexmethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine) | <ul style="list-style-type: none"> • 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Evekeo ODT <p>Quantity Limit Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> • 62 tablets/31 days – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi • 310 mL/31 days – Methylin solution, Procentra <p><u>Documented diagnosis of ADHD</u> – ALL Short Acting AGENTS</p> <p>Non-Preferred Criteria ADD/ADHD</p> <ul style="list-style-type: none"> • Documented diagnosis of ADD/ADHD AND • Have tried 2 different preferred Short Acting agents in the past 6 months OR • 1 claim for a 30-day supply with the requested agent in the past 105 days <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL, EVEKEO,</p> |

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|---------------------------|---|--|---|
| | | | METHYLIN, PROCENTRA, RITALIN, ZENZEDI |
| | LONG-ACTING | | |
| | amphetamine salt combination ER dexamethylphenidate ER dextroamphetamine 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) QUILLIVANT XR (methylphenidate) | 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) AZSTARYS (serdexmethylphen/dexamethylphen) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) FOCALIN XR (dexamethylphenidate) JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANSE (lisdexamfetamine)* VYVANSE CHEWABLE (lisdexamfetamine)* | Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana Quantity Limit Applicable quantity limit per rolling days <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, |

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|---------------------------|---|---|--|
| | | | <p>Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi</p> <ul style="list-style-type: none"> • 46.5 tablets/31 days – Provigil 100 mg • 62 tablets/31 days – Concerta 36mg, Cotempla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg • 248 mL/31 days – Dynavel XR • 372 mL/31 days – Quillivant XR <p><u>Documented diagnosis of ADHD – ALL Long-Acting AGENTS</u></p> <p><u>Non-Preferred Criteria ADD/ADHD</u></p> <ul style="list-style-type: none"> • Documented diagnosis of ADD/ADHD AND • Have tried 2 different preferred Long-Acting agents in the past 6 months OR • 1 claim for a 30-day supply with the requested agent in the past 105 days |
| | NARCOLEPSY | | |
| | armodafinil modafinil SUNOSI (solriamfetol) | NUVIGIL (armodafinil) PROVIGIL (modafinil) WAKIX (pitolisant) XYREM (sodium oxybate) | <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL,</p> |

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|---------------------------|------------------|---|---|
| | | XYWAV (calcium, magnesium, potassium and sodium oxybates) | <p>PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI</p> <p>Non-Preferred Criteria narcolepsy</p> <ul style="list-style-type: none">• 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 <p>Nuvigil</p> <ul style="list-style-type: none">• Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression <p>Provigil</p> <ul style="list-style-type: none">• Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome |

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To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2022

Version 2022.0

Updated:08-16-2022

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---------------------------|---|--|--|
| | | | <p>Sunosi</p> <ul style="list-style-type: none"> Documented diagnosis of narcolepsy or obstructive sleep apnea AND 30 days of therapy with preferred modafinil or armodafinil in the past 6 months <p>Wakix</p> <ul style="list-style-type: none"> 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 <p>Xyrem and Xywav</p> <ul style="list-style-type: none"> Requires clinical review |
| | NON-STIMULANTS | | |
| | atomoxetine clonidine ER guanfacine ER <small>Step Edit</small> | INTUNIV (guanfacine ER) QELBREE (viloxazine) STRATTERA (atomoxetine) | <p>Minimum Age Limit 6 years – Intuniv, Kapvay, Qelbree, Strattera 18 years – Wakix Maximum Age Limit 18 years – Intuniv, Kapvay, Qelbree</p> |

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|---------------------------|------------------|----------------------|---|
| | | | <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required for Strattera <p>Quantity Limit Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Intuniv, Qelbree 100 mg, Strattera • 62 tablets/31 days – Qelbree 150 mg and 200 mg, Wakix • 124 tablets/31 days – Kapvay <p>Intuniv</p> <ul style="list-style-type: none"> • Have tried the short acting guanfacine in the past 6 months OR • 1 claim for a 30-day supply with guanfacine ER in the past 105 days <p>Kapvay</p> <ul style="list-style-type: none"> • Documented diagnosis of ADD or ADHD AND • Have tried 1 Short or Long-Acting stimulant in the past 6 months OR • Have tried 1 preferred Non-Stimulant in the past 6 months OR • Have tried the short acting product in the past 6 months <p>Qelbree</p> |

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|--|---|--|--|
| | | | <ul style="list-style-type: none"> 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) TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline) | Non-Preferred Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months Demeclocycline <ul style="list-style-type: none"> Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval |
| ULCERATIVE COLITIS and CROHN'S AGENTS SmartPA *See Cytokine & CAM Antagonists Class for additional agents | | | |
| | ORAL | | |

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| THERAPEUTIC DRUG CLASS | PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---------------------------|---|---|---|
| | 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Requires clinical review |
| RECTAL | | | |
| | mesalamine suppository | CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide) | |

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