

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS (Topical)			
	ANTI-INFECTIVE		Acne agents will be authorized only for patients less than 21 years of age.
	AZELEX (azelaic acid) clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) TAZORAC (tazarotene)	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) RETIN-A MICRO (tretinoin) tretinoin tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur cream/cleanser/foam/gel/lotion/suspension	ACANYA (benzoyl peroxide/clindamycin) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin CLENIA (sulfacetamide sodium/sulfur) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid)	

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

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		PRACION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide	BENZEFOAM ULTRA (benzoyl peroxide) BP10 (benzoyl peroxide) BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
ALZHEIMER'S AGENTS <small>SmartPA</small>			
CHOLINESTERASE INHIBITORS			
	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)	donepezil EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	SmartPA Criteria: <ul style="list-style-type: none"> Documented diagnosis (based on labeled indication) found in the past 2 years medical claims – <u>ALL DRUGS</u> AND Non-Preferred Criteria <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	

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ANALGESICS, NARCOTIC - SHORT ACTING SmartPA			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNТА (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXАINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> ○ Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 62 tablets in 31 days – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine, • 124 tablets in 31 days – butalbital/APAP 750 • 145 tablets in 31 days – butalbital/APAP 650 • 186 tablets in 31 days – butalbital/APAP 325, butalbital/ASA 325 • 5mL (2 x 2.5 bottles) in 31 days – butorphanol nasal <p>Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> • 62 tablets in 31 days – hydrocodone combinations, oxycodone combinations • 180 ml – oxycodone liquids • 480 mL – hydrocodone liquids

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		ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	fentanyl patches methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl)* EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) KADIAN (morphine) MS CONTIN (morphine) NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	SmartPA Criteria: <ul style="list-style-type: none"> • Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> ○ Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. • Avinza <ul style="list-style-type: none"> ○ 30 days of therapy with Opana ER or morphine ER in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days AND ○ Quantity limit of 31 tablets in 31 days • OxyContin <ul style="list-style-type: none"> ○ Documented diagnosis of cancer found in the past 2 years medical claims OR ○ Antineoplastic therapy in the past 6 months AND ○ 30 days of therapy with Kadian, Opana ER, morphine ER , Avinza or Duragesic patch in the past 6 months AND ○ Quantity limit of 62 tablets in 31 days.

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			<ul style="list-style-type: none"> • Non-Preferred Criteria <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days AND ○ Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 31 tablets in 31 days – Exalgo ER, Ultram ER, Ryzolt, Conzip ER, • 62 tablets in 31 days – Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, • 10 patches in 31 days – Duragesic • 4 patches in 31 days - Butrans
ANALGESICS/ANAESTHETICS (Topical) ^{SmartPA}			
	VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin FLECTOR (diclofenac epolamine) ^{SmartPA} LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} PENNSAID Solution (diclofenac sodium) ^{SmartPA} xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	SmartPA Criteria: Non-Preferred Criteria <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <ul style="list-style-type: none"> • Lidoderm <ul style="list-style-type: none"> ○ Documented diagnosis found in the past years medical claims for Herpetic Neuralgia OR ○ Documented diagnosis found in the past years medical claims for Diabetic Neuropathy

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ANDROGENIC AGENTS	SmartPA		
	TESTIM (testosterone gel)	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel) AXIRON (testosterone gel) FORTESTSA (testosterone gel)	SmartPA Criteria: • Limited to male patients AND • 30 days of therapy with 1 different preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
ANGIOTENSIN MODULATORS	SmartPA		
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: • ACE Inhibitor ○ 30 days of therapy with 2 different preferred <i>single entity</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL (benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	• ACE Inhibitor/CCB ○ 30 days of therapy with 2 different preferred <i>ACEI/CCB</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • ACE Inhibitor/Diuretic ○ 30 days of therapy with 2 different preferred <i>ACEI/Diuretic</i> agents in the past 6 months OR ○ 90 days of completed therapy with the same agent in the past 105 days.

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ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan TEVETEN (eprosartan)	<ul style="list-style-type: none"> • ARB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>single entity</u> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
ARB COMBINATIONS			
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AZOR (olmesartan/amlodipine) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) irbesartan/HCTZ losartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> • ARB/CCB (includes ARB/CCB/Diuretic) <ul style="list-style-type: none"> ○ 30 days of therapy with 1 different preferred <u>ARB/CCB</u> agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • ARB/Diuretic <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR ○ 90 days of completed therapy with the same agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKURNA (aliskiren)	<ul style="list-style-type: none"> • Direct Renin Inhibitor <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for hypertension AND ○ 30 days of therapy with 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<ul style="list-style-type: none"> • Direct Renin Inhibitor Combinations <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for hypertension AND ○ 30 days of therapy with 2 different preferred <i>ACEI or ARB diuretic</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<ul style="list-style-type: none"> • *Xifaxan –requires a manual PA • Documented diagnosis of Hepatic Encephalopathy on manual PA request AND <ul style="list-style-type: none"> ○ One trial of Lactulose OR ○ Documented treatment failure or intolerance to lactulose OR ○ Hospital discharge on Xifaxan OR ○ One claim for Xifaxan in the past 365 days
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal	

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ANTICOAGULANTS	SmartPA		
	COUMADIN (warfarin) ^{SmartPA} FRAGMIN (dalteparin) ^{SmartPA LMWH} LOVENOX (enoxaparin) Prefilled Syringe ^{SmartPA LMWH} XARELTO 10mg (rivaroxaban) ^{SmartPA}	ARIXTRA (fondaparinux) ^{SmartPA LMWH} ELIQUIS (apixaban) ^{SmartPA LMWH} enoxaparin ^{SmartPA LMWH} fondaparinux ^{SmartPA LMWH} PRADAXA (dabigatran) ** SmartPA XARELTO 15 & 20mg (rivaroxaban) warfarin	<p>LMWH:</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <p>OR</p> <ul style="list-style-type: none"> • LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND documented diagnosis of cancer in the past 2 years medical claims ○ OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims <p>OR</p> <ul style="list-style-type: none"> • NO LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND duration of therapy is ≤ 17 days ○ OR documented diagnosis of cancer in the past 2 years medical claims ○ OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims ○ OR documented diagnosis of total hip/knee replacement or hip fracture surgery in the past 6 months medical claims <ul style="list-style-type: none"> • AND duration of therapy ≤ 35 days <p>Pradaxa:</p> <ul style="list-style-type: none"> • 1 claim with the same agent in the past 90 days OR

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			<ul style="list-style-type: none"> • Documented diagnosis of atrial fibrillation found in the past 2 years medical claims AND <ul style="list-style-type: none"> ○ NO documented diagnosis of cardiac valve disease found in the past 2 years medical claims AND ○ 60 days therapy with warfarin in the past 6 months Warfarin: • Non-Preferred Criteria <ul style="list-style-type: none"> ○ 90 days completed therapy with the same agent in the past 105 days Xarelto 10mg : • Limited to 70 days of therapy per calendar year • Documented diagnosis of knee replacement in past 30 days of medical claims or submitted on pharmacy claim <ul style="list-style-type: none"> ○ AND therapy limits of \leq 12 days • OR documented diagnosis of hip replacement in past 30 days of medical claims or submitted on pharmacy claim AND therapy limits of \leq 35 days Clinical Edit: • Limited to 70 days of therapy per calendar year • Documented diagnosis of knee replacement in past 30 days of medical claims or submitted on pharmacy claim <ul style="list-style-type: none"> ○ AND therapy limits of \leq 12 days • OR documented diagnosis of hip replacement in past 30 days of medical claims or submitted on pharmacy claim

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			AND therapy limits of \leq 35 days
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) KEPBRA (levetiracetam) KEPBRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine topiramate capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate)^{NR} ZONEGRAN (zonisamide)	SmartPA Criteria: Banzel/Onfi: <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR <ul style="list-style-type: none"> • Minimum Age Requirements – <ul style="list-style-type: none"> ○ Rufinamide – 4 years ○ Clobazam – 2 years AND <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut found in the past 2 years medical claims AND <ul style="list-style-type: none"> • 30 days of therapy with 1 different preferred agents for Lennox-Gastaut in the past 6 months Non-Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	Diastat • Quantity limits of 3 Twin Packs/31 days
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR mirtazapine PRISTIQ (desvenlafaxine) Trazodone venlafaxine ER tablets WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL BRINTELLIX (vortioxetine)^{NR} desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine)* EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran)^{NR} FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine)^{NR} MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER capsules venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion)	SmartPA Criteria: • Minimum age requirement – 18 years (all drugs) • 30 days of therapy with 2 different preferred antidepressants, others class in the past 6 months OR • 30 days of therapy with BOTH preferred SSRI and antidepressants, others class in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Cymbalta (see Fibromyalgia Agents)

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EFFECTIVE 01/01/2014
Version 2014.6d
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		WELLBUTRIN SR	
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine CR paroxetine IR PAXIL SUSPENSION sertraline	CELEXA (citalopram) escitalopram LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL Tablets (paroxetine) PAXIL CR (paroxetine)* PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	SmartPA Criteria: <ul style="list-style-type: none"> •Minimum age requirements apply to all drugs <ul style="list-style-type: none"> ○ Citalopram – 9 years ○ Escitalopram – 12 years ○ Fluoxetine – 7 years ○ Fluoxetine 90 mg – 18 years ○ Fluvoxamine – 8 years ○ Fluvoxamine SR – 18 years ○ Paroxetine – 18 years ○ Sertraline – 6 years •30 days of therapy with 2 different preferred SSRI's in the past 6 months OR •90 days of completed therapy with the same agent in the past 105 days
ANTIEMETICS <small>SmartPA</small>			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	All injectable 5HT3 receptor blockers closed to point of sale. SmartPA Criteria: <ul style="list-style-type: none"> •Age requirements – ondansetron ODT and Zuplenz 4mg strengths only <ul style="list-style-type: none"> ○ 4-11 years ○ One claim with a preferred antiemetic in the past 6 months
	ANTIEMETIC COMBINATIONS		
		DICLEGIS (doxylamine/pyridoxine)	

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EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

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CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
		EMEND (aprepitant)	Emend <ul style="list-style-type: none"> • Documented diagnosis of cancer found in past 2 years medical claims OR • Antineoplastic history in the past 6 months AND <ul style="list-style-type: none"> ○ One claim with a preferred antiemetic in the past 6 months
ANTIFUNGALS (Oral)	SmartPA		
	clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin) nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ketoconazole LAMISIL (terbinafine) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ONMEL (itraconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis of HIV found in the past 2 years medical claims AND oral antifungal with a labeled indication for HIV opportunistic infection OR • One claim for 2 different preferred agents in the past 6 months OR • Itaconazole <ul style="list-style-type: none"> ○ Documented diagnosis of transplant found in the past 2 years of medical claims OR ○ History of an immunosuppressant in the past 6 months OR ○ One claim for 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical)	SmartPA		
ANTIFUNGALS			
	ciclopirox cream/gel/suspension clotrimazole econazole	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution	SmartPA Criteria: <ul style="list-style-type: none"> • One claim for 2 preferred agents in the past 6 months

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EFFECTIVE 01/01/2014

Version 2014.6d

Updated: 3-04-2014

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	ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 12 months OR • 90 days completed therapy with the same agent in the past 105 days
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine)	

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EFFECTIVE 01/01/2014
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		fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS <small>SmartPA</small>			
ORAL			
	RELPAK (eletriptan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan zolmitriptan	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Almotriptan – 12 years ○ Eletriptan – 18 years ○ Frovatriptan – 18 years ○ Naratriptan – 18 years ○ Rizatriptan – 6 years ○ Sumatriptan – 18 years ○ Sumatriptan/Naproxen – 18 years ○ Zolmitriptan – 18 years <p>Oral products</p> <ul style="list-style-type: none"> • One claim for a preferred oral agent in the past year • Exceptions, SmartPA will be issued if beneficiary is in age range: <ul style="list-style-type: none"> • almotriptan – ages 12-17 • rizatriptan – ages 6-17 <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 12 tablets in 31 days - rizatriptan • 9 tablets in 31 days – naratriptan, frovatriptan, sumatriptan, sumatriptan/naproxen • 6 tablets in 31 days –

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EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

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	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p>almotriptan, zolmitriptan, eletriptan</p> <p>Nasal Products</p> <ul style="list-style-type: none"> • One claim for a preferred nasal agent in the past year <p>Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 1 box in 31 days
	INJECTABLE		
	sumatriptan	IMITREX (sumatriptan)	<p>Injectable Products</p> <ul style="list-style-type: none"> • One claim for a preferred injectable agent in the past year <p>Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> • 4 injections in 31 days
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) ^{NR} GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) ^{NR} INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TARCEVA (erlotinib) TASIGNA (nilotinib)		

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EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)		
ANTIPARASITICS (Topical) ^{SmartPA}			
PEDICULICIDES ^{Smart PA}			
	NATROBA (spinosad) ^{Step Edit} permethrin 1% SKLICE (ivermectin) ^{Step Edit}	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Minimum age/weight requirements apply to all drug formulations for the treatment of <i>head lice</i>: <ul style="list-style-type: none"> ○ Benzyl Alcohol Solution – 6 months ○ Ivermectin – 6 months ○ Lindane Shampoo – 50 kg ○ Malathion – 6 years ○ Permethrin 1% – 2 months ○ Piperonyl/Pyrethrins – 2 years ○ Spinosad – 4 years • Natroba or Sklice step edit: <ul style="list-style-type: none"> ○ History of permethrin 1% topical lotion – OTC OR piperonyl/pyrethrin OTC in the past 90 days • Non Preferred Agents <ul style="list-style-type: none"> ○ History of permethrin 1% topical OR piperonyl/pyrethrin in the past 90 days AND ○ History of Natroba or Sklice in the past 90 days
SCABICIDES			
	EURAX CREAM (crotamiton)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	Permethrin 5% age edit: Approved for ages 2 months – 17 years

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Version 2014.6d
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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTIPARKINSON'S AGENTS (Oral) <small>SmartPA</small>			
	ANTICHOLINERGICS		<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
	COMT INHIBITORS		
		COMTAN (entacapone) TASMAR (tolcapone)	
	DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
	MAO-B INHIBITORS		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	OTHERS		

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EFFECTIVE 01/01/2014
Version 2014.6d
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	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn <ul style="list-style-type: none"> Approved for augmentation of carbidopa/levodopa only. Pharmacy claims history of a combination carbidopa/levodopa product in the past 45 days must be present.
ANTIPSYCHOTICS <small>SmartPA</small>			
	ORAL		
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine chlorpromazine clozapine <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> fluphenazine haloperidol <small>SmartPA</small> LATUDA (lurasidone) <small>SmartPA</small> perphenazine risperidone <small>SmartPA</small> SAPHRIS (asenapine) <small>SmartPA</small> SEROQUEL (quetiapine) <small>SmartPA</small> SEROQUEL XR (quetiapine) <small>SmartPA</small> thioridazine thiothixene trifluoperazine ziprasidone <small>SmartPA</small>	CLOZARIL (clozapine) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small> GEODON (ziprasidone) * <small>SmartPA</small> HALDOL (haloperidol) <small>SmartPA</small> INVEGA (paliperidone) <small>SmartPA</small> NAVANE (thiothixene) olanzapine <small>SmartPA</small> olanzapine/fluoxetine <small>SmartPA</small> quetiapine <small>SmartPA</small> RISPERDAL (risperidone) <small>SmartPA</small> SYMBYAX (olanzapine/fluoxetine) <small>SmartPA</small> VERSACLOZ (clozapine) ^{NR} ZYPREXA (olanzapine) <small>SmartPA</small>	SmartPA Criteria: Atypical Antipsychotics <ul style="list-style-type: none"> Minimum age requirements apply to all oral drug formulations below <ul style="list-style-type: none"> Aripiprazole – 6 years Asenapine – 18 years Clozapine – 18 years Haloperidol – 3 years Iloperidone – 18 years Lurasidone – 18 years Olanzapine – 13 years Olanzapine/Fluoxetine – 10 years Paliperidone – 18 years Quetiapine IR – 10 years Quetiapine SR – 10 years Risperidone – 5 years Ziprasidone – 18 years Abilify Tablets (all strengths, ODT formulation excluded) New Starts: <ul style="list-style-type: none"> 2.5mg, 5mg, 7.5mg, 10mg, and 15 mg dosages will require tablet splitting. Use ½ tablet of the higher strength. 1 tablet splitter per year Detailed Abilify Tablet Splitting; click

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

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			<p><u>here</u></p> <p>Invega Tablets</p> <ul style="list-style-type: none"> •30 days of therapy with risperidone in the past 12 months OR •30 days of therapy with the same agent in the past 105 days <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> •30 days of therapy with 1 preferred atypical antipsychotic agent in the past 12 months OR •30 days of therapy with the same agent in the past 105 days
INJECTABLE, ATYPICALS <small>SmartPA</small>			
		<p>ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)</p>	<p>Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.</p> <p>SmartPA Criteria for Long Term Care Long Acting Injectable Agents:</p> <ul style="list-style-type: none"> •Minimum Age requirement AND •Documented diagnosis (based on labeled indications) found in the past 2 years medical claims AND •Non-Compliant with the oral form of the injection OR •History of claims for the same injectable agent in the past 90 days. <ul style="list-style-type: none"> ○ History defined as: <ul style="list-style-type: none"> ○ 3 claims - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv ○ 6 claims - Risperdal Consta
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			

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	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
ATOPIC DERMATITIS	SmartPA		
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Minimum age requirements <ul style="list-style-type: none"> ○ Elidel – 2 years ○ Protopic 0.03% - 2 years ○ Protopic 0.1% - 6 years <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • One claim for a different preferred agent in the past 6 months OR • 90 days of completed therapy with the same agent in the past 105 day
BETA BLOCKERS	SmartPA		
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) ^{Step Edit} metoprolol metoprolol XL nadolol pindolol propranolol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) ZEBETA (bisoprolol)	<p>SmartPA Criteria:</p> <p>Bystolic</p> <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR • 30 days of therapy with 1 different preferred agent in the past 6 months <p>Sotalol</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for atrial fibrillation OR

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014

Version 2014.6d

Updated: 3-04-2014

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	TOPROL XL (metoprolol)		<ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p>Coreg CR</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for hypertension AND • 30 days of therapy with carvedilol AND a different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agent in the past 6 months OR • 90 days completed therapy with the same 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)	<p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BILE SALTS			

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EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

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	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	Smart PA Criteria: <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>			
BISPHOSPHONATES			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for osteoporosis or osteopenia AND • One claim for 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the

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		PROLIA (denosumab)	same agent in the past 105 days
	OTHERS		
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin)*	
BPH AGENTS <small>SmartPA</small>	ALPHA BLOCKERS		<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Male patient AND • 30 days of therapy with 2 different preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days • Female Patient AND <ul style="list-style-type: none"> ○ Alfuzosin, doxazosin IR, finasteride, tamsulosin, and terazosin AND ▪ Documented diagnosis found in the past 2 years medical claims based on a state accepted diagnosis
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin	
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
	PDE5 INHIBITORS		<p>Cialis: (Requires a Manual PA)</p> <ul style="list-style-type: none"> • Limited to Male Patients AND • Documented diagnosis found in the past 2 years medical claims for Benign
		CIALIS (tadalafil)	

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EFFECTIVE 01/01/2014
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BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)	Prostatic Hypertrophy AND <ul style="list-style-type: none"> • NO documented diagnosis of Erectile Dysfunction found in the past 2 years medical claims AND • Prescriber signed waiver stating treatment is NOT for Erectile Dysfunction AND • 30 days therapy with 2 different preferred agents in the past 6 months
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)		
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROVENTIL HFA (albuterol)	MAXAIR (pirbuterol) ^{SmartPA} PROAIR HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	SmartPA Criteria: Xopenex HFA <ul style="list-style-type: none"> • Age requirements – 4 years AND • One claim for a short acting albuterol inhaler in the past 30 days Non Preferred Criteria <ul style="list-style-type: none"> ○ One claim for a short acting albuterol inhaler in the past 6 months

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SmartPA INHALERS, LONG ACTING			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	<p>SmartPA Criteria: Arcapta</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for COPD AND • Age requirements – 18 years AND • 30 days of therapy with a preferred long acting agent in the past 6 months OR 90 days completed therapy <p>Foradil</p> <ul style="list-style-type: none"> • Age requirements – 5 years <p>Serevent</p> <ul style="list-style-type: none"> • Age requirements – 4 years AND • 30 days of therapy with a preferred long acting agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
SmartPA INHALATION SOLUTION			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>SmartPA Criteria: Brovana or Perforomist</p> <ul style="list-style-type: none"> • Age requirements – 18 years AND • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days <p>Xopenex Inhalation Solution</p> <ul style="list-style-type: none"> • Age requirements – 6 years AND • One claim for an albuterol solution in the past 30 days

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			<p>Non Preferred Agents</p> <ul style="list-style-type: none"> • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • nimodipine <ul style="list-style-type: none"> ○ documented diagnosis found in the past 45 days for subarachnoid hemorrhage AND ○ quantity ≤ to 21 days maximum therapy (252 capsules/2520mL) • Short Acting CCB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>Short Acting CCB</u> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
LONG-ACTING			
	amlodipine diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem)	<ul style="list-style-type: none"> • Long Acting CCB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>Long Acting CCB</u> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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	verapamil ER	DILACOR XR (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMINTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	

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	SmartPA CEPHALOSPORINS – First Generation		<p>SmartPA Criteria: Cephalosporins (all generations)</p> <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months
	cefadroxil cephalexin	KEFLEX (cephalexin)	
	SmartPA CEPHALOSPORINS – Second Generation		
	cefaclor cefprozil cefuroxime tablets	cefuroxime suspension CEFTIN (cefuroxime)	<p>Cefdinir suspension</p> <ul style="list-style-type: none"> • Maximum age requirement – 18 years OR <ul style="list-style-type: none"> ◦ One claim for 2 different preferred agents in the past 6 months
	SmartPA CEPHALOSPORINS – Third Generation		
	cefdinir suspension (for patients <18 yr only) cefdinir capsules SUPRAX (cefixime)	CEDAX (ceftibuten) cefditoren cefpodoxime ceftibuten SPECTRACEF (cefditoren)	
CYSTIC FIBROSIS AGENTS			
		BETHKIS (tobramycin)^{NR} CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	<p>SmartPA Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis <p>Kalydeco:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis AND • One claim for Kalydeco in the past 105 days <p>Manual PA:</p> <ul style="list-style-type: none"> • Kalydeco – new starts after 7.1.2013 • TOBI Podhaler
CYTOKINE & CAM ANTAGONISTS			

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	ENBREL (etanercept) HUMIRA (adalimumab) SIMPONI (golimumab)	AMEVIVE (alefacept) ACTEMRA (tocilizumab) ^{NR} CIMZIA (certolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) STELARA (ustekinumab) XELJANZ (tofacitinib)	Amevive, Orenzia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	ARANESP (darbepoetin) PROCRIPT (rHuEPO)	EPOGEN (rHuEPO) OMONTYS (peginesatide)	<p>SmartPA Criteria: Omontys</p> <ul style="list-style-type: none"> • Minimum age requirement – 18 years AND • Documented diagnosis found in the past 2 years medical claims for chronic renal failure AND • Documented procedure code found in the past 180 days medical claims for dialysis <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for cancer or chronic renal failure <u>OR</u> Antineoplastic therapy in the past 6 months AND Procrit history in the past 6 months claims
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <small>SmartPA</small>	SmartPA Criteria Cymbalta

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			<ul style="list-style-type: none"> • Documented diagnosis of <i>fibromyalgia</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with BOTH Lyrica and Savella in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>depression</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>antidepressants, other</i> products in the past 6 months OR ○ 30 days of therapy with BOTH preferred SSRI and antidepressant other in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>anxiety</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 of the following: sertraline , paroxetine IR, or any venlafaxine agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>Diabetic Peripheral Neuropathy</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with Lyrica in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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FLUOROQUINOLONES (Oral) <small>SmartPA</small>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin NOROXIN (norfloxacin) ofloxacin	<p>SmartPA Criteria: Non Preferred Oral Tablets</p> <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 30 days • Ciprofloxacin suspension <ul style="list-style-type: none"> ○ Age < 12 years AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 3 months medical claims for anthrax infection or exposure OR ▪ Documented diagnosis found in the past 2 years for cystic fibrosis OR ▪ Documented diagnosis found in the past 3 months claims for pneumonic plague or tularemia AND history of doxycycline found in claims in the past 3 months OR ▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> • Penicillin, 2nd or 3rd generation cephalosporin, or macrolide OR ○ Age >12 years AND ○ One claim for 1 preferred agent in the past 30 days <p>Levaquin Tablets</p> <ul style="list-style-type: none"> • One claim for ciprofloxacin,

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GENITAL WARTS & RELATED AGENTS			
	ALDARA (imiquimod) ^{Age Edit} CONDYLOX (podofilox) ^{Age Edit}	Imiquimod ^{Age Edit} PICATO (ingenol) ^{Age Edit} podofilox ^{Age Edit} VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	<ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ imiquimod – 12 years ○ ingenol – 18 years ○ podofilox – 18 years ○ sinecatechins – 18 years
GLUCOCORTICOIDS (Inhaled) SmartPA			

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Version 2014.6d
Updated: 3-04-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
GLUCOCORTICOIDS <small>SmartPA</small>			
	ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	ALVESCO (ciclesonide) budesonide PULMICORT (budesonide) Respules, 1mg*	SmartPA Criteria: <ul style="list-style-type: none"> • Pulmicort Flexhaler <ul style="list-style-type: none"> ○ Minimum age requirement - 6 years Non Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days NOTE: Institutional sized products are Non Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
GROWTH HORMONE <small>SmartPA</small>			
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	SmartPA Criteria: Age >18 <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for craniopharyngioma, Prader-Willi Syndrome, or Turner Syndrome OR • Documented procedure found in the past 2 years medical claims for cranial irradiation Non Preferred Agents

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			<ul style="list-style-type: none"> •28 days of therapy with 1 preferred agent in the past 6 months OR •84 days of completed therapy with the same agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	Limited to 1 treatment course per year
HEPATITIS C TREATMENTS SmartPA			
	INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) VICTRELIS (boceprevir)	INFERGEN (interferon alfacon-1) OLYSIO (simeprevir)^{NR} ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin)	Incivek, Olysio, Sovaldi & Victrelis require manual PA SmartPA Criteria: Non Preferred Interferon Agents <ul style="list-style-type: none"> •One claim for a preferred peginterferon agent in the past 6 months OR •One claim with the same agent in the past 12 months
HYPERURICEMIA & GOUT SmartPA			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: <ul style="list-style-type: none"> •30 days of therapy with 2 different preferred agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin)	Tradjenta SmartPA Criteria: <ul style="list-style-type: none"> •90 days completed therapy with the same agent in the past 105 days

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	KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	JUVISYNC (sitagliptin/simvastatin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TRADJENTA (linagliptin)** VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small>			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Diabetes Mellitus AND • 30 days of therapy with 1 preferred product in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
		INVOKANA (canagliflozin)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	

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	TZD COMBINATIONS		
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) pioglitazone/metformin	
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)	HECORIA (tacrolimus) ^{NR}	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Cyclosporine & Cyclosporine, modified <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant, psoriasis, RA or a state accepted diagnosis OR ○ A manual PA review for a diagnosis of Kimura's disease or multifocal motor neuropathy • Everolimus <ul style="list-style-type: none"> ○ Minimum age requirement – 18 years AND ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant • Myfortic (mycophenolate sodium) <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant or psoriasis • Sirolimus <ul style="list-style-type: none"> ○ Minimum age requirement – 13 years AND ○ Documented diagnosis found in the

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			<p>past 2 years medical claims for kidney transplant</p> <ul style="list-style-type: none"> • Tacrolimus & CellCept <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant or a state accepted diagnosis
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION <small>SmartPA</small>		
		DYMISTA (azelastine/fluticasone)	
	CORTICOSTEROIDS <small>SmartPA</small>		
	FLONASE (fluticasone) NASAREL (flunisolide) NASONEX (mometasone) QNASL (beclomethasone) ZETONNA (ciclesonide)	BECONASE AQ (beclomethasone)* flunisolide fluticasone OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for allergic rhinitis AND • One claim for 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	AMITIZA (lubiprostone) BENTYL (dicyclomine) FULYZAQ (crofelemer) GATTEX (teduglutide)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Amitiza, Linzess, Lotronex, or Zorbtive users will be grandfathered <ul style="list-style-type: none"> ○ 1 claim with the same agent in the

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		LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) LOTRONEX (alosetron) NUTRESTORE POWDER PACK (glutamine) ZORBTIVE (somatropin)	past 105 days Other Non Preferred Agents – require Manual PA
LEUKOTRIENE MODIFIERS <small>SmartPA</small>			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	SmartPA Criteria: • Zyflo or Zyflo CR ○ Minimum age requirement - 12 years Non Preferred Agents • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
LIPOTROPICS, OTHER (Non-statins) <small>SmartPA</small>			
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	SmartPA Criteria Criteria for all drugs: • 90 days completed therapy with the same agent in the past 105 days OR • 30 days completed therapy with a statin or statin combination agent in the past 1 year OR • One of the following exceptions: ○ A female patient with a documented diagnosis of pregnancy found in medical claims in the past 280 days OR ○ Documented diagnosis found in the past 2 years medical claims for liver

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			<p>disease OR</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for hypertriglyceridemia OR Clinical justification provided for the reason the patient is unable to take a statin or statin combination product <p>AND</p> <p>Welchol</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for diabetes AND 30 days of therapy with a preferred oral antidiabetic agent in the past 180 days <p>OR</p> <ul style="list-style-type: none"> 30 days therapy with 2 different preferred bile acid sequestrants OR A female patient with a documented diagnosis of pregnancy in the past 280 days
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p>Non Preferred Agents</p> <p>30 days of therapy with 2 different preferred non-statin lipotropics in the past 6 months</p>
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate, micronized) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid)	<p>Fibric Acid Derivative</p> <p>30 days of therapy with 2 different fibric acid derivatives in the past 6 months</p>

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		LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
MTP INHIBITOR			
		JUXTAPID (lomitapide)	
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		
LIPOTROPICS, STATINS SmartPA			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	<p style="color: red;">SmartPA Criteria:</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <p style="color: red;">Simvastatin 80mg:</p> <ul style="list-style-type: none"> • 12 months of therapy with simvastatin 80mg in the past 18 months AND • NO documented myopathies found in medical claims in the past 12 months
STATIN COMBINATIONS			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	<p style="color: red;">Manual Criteria: Prior to consideration of a non-preferred statin combination, the patient must first have an unsuccessful trial with</p>

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			<i>the preferred statin combination plus an unsuccessful trial with a preferred statin and calcium channel blocker (single agents) used together.</i>
MACROLIDES/KETOLIDES (Oral)			
KETOLIDES			
		KETEK (telithromycin)	
MACROLIDES			
	Azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin ethylsuccinate) erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
MISCELLANEOUS BRAND/GENERIC			
CLONIDINE			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
EPINEPHRINE			
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALCLICK (epinephrine) AUVI-Q (epinephrine)	
MISCELLANEOUS			
	alprazolam CARAFATE SUSPENSION (sucralfate) megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} KORLYM (mifepristone) MEGACE ES (megestrol)	Suboxone References can be found at: http://www.medicaid.ms.gov/Document/Pharmacy/Suboxone%20Resources.p

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	SUBOXONE (buprenorphine/naloxone) ^{SmartPA}	sucralfate suspension ZUBSOLV (buprenorphine/naloxone)	df. SmartPA Criteria • Alprazolam ER: Applicable CUMULATIVE quantity limit in 31 rolling days <ul style="list-style-type: none"> ▪ 31 tablets ▪ <i>Exception: previous beneficiaries with a paid claim for 2 tablets per day in the past 90 days are allowed to remain on cumulative of 62 tablets.</i>
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MULTIPLE SCLEROSIS AGENTS ^{SmartPA}			
	AVONEX (interferon beta-1a) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) EXTAVIA (interferon beta-1b) GILENYA (fingolimod) TECFIDERA (dimethyl fumarate)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for multiple sclerosis Non Preferred Agents: <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months OR • 3 claims with the same agent in the past 105 days *Ampyra – Requires Manual PA: <ol style="list-style-type: none"> 1. For patients that have a gait disorder associated with MS; <i>and</i> 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; <i>and</i>

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			3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained; <i>and</i> 4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients will moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above
NSAIDS	NON-SELECTIVE		
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclufenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen)	SmartPA Criteria: <ul style="list-style-type: none"> • Non-Selective agents: 30 days therapy with 2 different preferred agents in the past 6 months

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NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
COX II SELECTIVE ^{SmartPA}			
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	SmartPA Criteria •COX II Selective Agents: <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND <ul style="list-style-type: none"> ▪ 30 days of therapy with 1 preferred COX-II Selective agent OR ▪ 90 days completed therapy with the same agent in the past 105 days OR <ul style="list-style-type: none"> ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ 30 days of therapy with 1

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014
Version 2014.6d
Updated: 3-04-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<p>OR preferred Non-Selective Agent</p> <ul style="list-style-type: none"> ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ Documented diagnosis found in the past 2 years medical claims for GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/neomycin/gramicidin bacitracin/polymyxin erythromycin gentamicin MOXEZA (moxifloxacin) neomycin/bacitracin/polymyxin b polymyxin/trimethoprim sulfacetamide tobramycin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN (ciprofloxacin) ciprofloxacin GARAMYCIN (gentamicin) levofloxacin NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) TOBEX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	

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EFFECTIVE 01/01/2014
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	TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)		
OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ILEVRO (nepafenac) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) LOTEMAX (loteprednol) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	SmartPA Criteria: • One claim for 2 different preferred agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine)	SmartPA Criteria: • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days

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OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>				
BETA BLOCKERS				
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for glaucoma AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days 	
CARBONIC ANHYDRASE INHIBITORS				
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)			
COMBINATION AGENTS				
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)		
PARASYMPATHOMIMETICS				
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)		
PROSTAGLANDIN ANALOGS				

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	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone)^{NR} travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CIPRO HC (ciprofloxacin/hydrocortisone) CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/hydrocortisone) CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone	ciprofloxacin DERMOTIC (fluocinolone) ofloxacin	<ul style="list-style-type: none"> • Maximum age requirements <ul style="list-style-type: none"> ○ Cipro HC –8 years ○ Ciprodex – 14 years
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase)** PANCRELIPASE PERTZYE ULTRESA VIOKACE	<ul style="list-style-type: none"> • SmartPA Criteria: <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
PARATHYROID AGENTS			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) ROCALTROL (calcitriol)	

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		SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (calcium acetate) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	<p>SmartPA Criteria:</p> <p>Brilinta</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention OR • 30 days of therapy with Brilinta in the past 60 days <p>Effient</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention <p>Pletal</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication OR • 90 days completed therapy with the same agent in the past 105 days <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication AND

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			<ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PAIRE OB PLUS DHA COMBO PACK PRENATAL PLUS Tablet PREQUE 10 TABLET SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK ED CYTE F Tablet FOLCAL DHA Capsule FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule ICAR-C PLUS Tablet NATAFORT Tablet NATELLE ONE Capsule NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule	Products not listed here are assumed to be non-preferred.

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		PNV-DHA SOFTGEL PNV-SELECT Tablet PR NATAL 400 COMBO PACK PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
PROTON PUMP INHIBITORS <small>SmartPA</small>			
	ACIPHEX (rabeprazole) DEXILANT (dexlansoprazole)	lansoprazole RX omeprazole RX	SmartPA Criteria: • Documented diagnosis found in the

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	NEXIUM (esomeprazole) PROTONIX PACKET (pantoprazole)	omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole)	past 2 years medical claims AND <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)^{NR}	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension
PULMONARY ANTIHYPERTENSIVES – PDE5s SmartPA			
	ADCIRCA (tadalafil)	REVATIO (sildenafil) sildenafil	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Revatio</p> <ul style="list-style-type: none"> • Age <1 year AND <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 1 year medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <p>OR</p> <ul style="list-style-type: none"> • Age > 18 years AND <ul style="list-style-type: none"> ○ 30 days of therapy with 1 preferred PAH agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) VENTAVIS (iloprost)	<p>Sildenafil</p> <ul style="list-style-type: none"> • Minimum age requirement of 12 years AND • Documented diagnosis found in the past 2 years medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR • Documented diagnosis found in the past 2 years medical claims for Heart Transplant <p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 1 preferred PAH agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
PULMONARY ANTIHYPERTENSIVES – SOLUABLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat) ^{NR}	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 1 preferred PAH agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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			<p>Manual PA</p> <ul style="list-style-type: none"> Adempas will be approved for patients that meet the criteria for WHO Group 4 Pulmonary Arterial Hypertension.
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	<p>Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs.</p> <p>Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.</p>
	OTHERS		
	zaleplon zolpidem	SmartPA AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	<p>SmartPA Criteria: Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> 31 tablets in 31 days 1 Canister in 31 days – Zolpimist 1 Canister (Zolpimist) Female - 62 days Male – 31 days <p>Applicable dosage and gender limitations for zolpidem products:</p> <ul style="list-style-type: none"> Female – zolpidem 5mg, 6.25mg, and 1.75 mg Male – all zolpidem strengths <ul style="list-style-type: none"> One claim for 2 different preferred agents in the past 6 months

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SELECT CONTRACEPTIVE PRODUCTS			
INJECTABLE CONTRACEPTIVES			
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate)** DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)**	Depo Provera Injection 90 days completed therapy with the same agent in the past 105 days
ORAL CONTRACEPTIVES			
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) ** AMETHYST (levonorgestrel/ethinyl estradiol) ** BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) ** CAMRESE (levonorgestrel/ethinyl estradiol) ** CAMRESE LO (levonorgestrel/ethinyl estradiol) ** ethinyl estradiol/drospirenone** GENERESS FE (norethindrone/ethinyl estradiol/fe) ** Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) ** INTROVALE (levonorgestrel/ethinyl estradiol) ** JOLESSA (levonorgestrel/ethinyl estradiol) ** LOESTRIN 24 FE (norethindrone/ethinyl estradiol) ** LO LOESTRIN FE (norethindrone/ethinyl estradiol) ** LORYNA (ethinyl estradiol/drospirenone) ** NATAZIA (estradiol valerate/dienogest) ** norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) ** PHILITH (norethindrone/ethinyl estradiol) ** QUASENSE (levonorgestrel/ethinyl estradiol) ** SAFYRAL (ethinyl	SmartPA Criteria Oral Contraceptive Products •One claim in the past 105 days

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		estradiol/drospirenone/levomefolate) ** SYEDA (ethinyl estradiol/drospirenone) ** TILIA FE (norethindrone/ethinyl estradiol/fe) ** TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) ** VESTURA (ethinyl estradiol/drospirenone) ** WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ** ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<p>SmartPA Criteria: Carisoprodol</p> <ul style="list-style-type: none"> • Documented diagnosis found in medical claims in the past 3 months for an acute musculoskeletal condition AND • NO history of meprobamate therapy in the past 90 days AND • One claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND • Quantity limits of 84 tablets total in the past 6 months OR • One claim for 18 tablets of carisoprodol to taper off <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication AND • One claim for 2 different preferred agents in the past 6 months OR • Documented diagnosis found in the

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Version 2014.6d

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			past 2 years medical claims for a chronic musculoskeletal disorder AND <ul style="list-style-type: none"> 90 days completed therapy with the same agent in the past 105 days
STEROIDS (Topical) <small>SmartPA</small>			
	LOW POTENCY		
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	SmartPA Criteria: <ul style="list-style-type: none"> Low Potency Agents <ul style="list-style-type: none"> One claim for 2 different preferred low potency agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	SmartPA Criteria: <ul style="list-style-type: none"> Medium Potency Agents <ul style="list-style-type: none"> One claim for 2 different preferred medium potency agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone	SmartPA Criteria <ul style="list-style-type: none"> High Potency Agents <ul style="list-style-type: none"> One claim for 2 different preferred high potency agents in the past 6 months OR

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****Users of these products as of 12-31-13 will be grandfathered**

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2014
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	fluocinonide triamcinolone	diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	<ul style="list-style-type: none"> ○ 90 days completed therapy with the same agent in the past 105 days
VERY HIGH POTENCY			
	clobetasol emollient clobetasol propionate cr, gel, oint, sol halobetasol	clobetasol propionate foam CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE (halobetasol)	<p style="color: red;">SmartPA Criteria</p> <ul style="list-style-type: none"> ● Very High Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred very high potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) methamphetamine methylphenidate solution	<p>Applicable <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> ● 62 tablets in 31 days – Adderall IR, Concerta 36mg, Desoxyn, dextroamphetamine IR, Focalin IR, Focalin XR 15 & 20mg, methylphenidate IR, Nuvigil 50mg, methylphenidate IR

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		LONG-ACTING	<ul style="list-style-type: none"> • 31 tablets in 31 days – Adderall XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Intuniv ER, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Strattera, and Vyvanse • 46.5 tablets in 31 days – Provigil 100 mg • 155 mL in 31 days – methylphenidate solution, dextroamphetamine solution • 124 tablets in 31 days – Kapvay 0.1mg • 372 mL in 31 days – methylphenidate ER solution <p>SmartPA Criteria: Short Acting Agents</p> <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Amphetamine salts – 3 years ○ Dexmethylphenidate IR – 6 years ○ Dextroamphetamine IR – 3 years ○ Methylphenidate – 6 years ○ Methamphetamine – 6 years • 30 days therapy with 2 different preferred Short Acting agents OR • 1 claim for a 30 day supply in the past 180 days

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	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate)	<p>Long Acting Agents</p> <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Armodafinil – 17 years ○ Modafinil – 16 years ○ All other long acting agents – 6 years <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days therapy with 2 different preferred Long Acting agents in the past 6 months OR • 1 claim for a 30 day supply in the past 180 days <p>Nuvigil or Provigil</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder AND • 30 days therapy with 2 different preferred Short Acting or Long Acting agents in the past 6 months OR • 1 claim for a 30 day supply with the same agent in the past 180 days
NON-STIMULANTS			
	STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<p>Kapvay/Intuniv</p> <ul style="list-style-type: none"> • 1 claim for a 30 day supply in the past 180 days OR • Age requirement – 6 to 17 years AND • Documented diagnosis found in the past 2 years medical claims for ADD or ADHD AND • 30 days of therapy with a Short Acting or Long Acting agent in the past 6 months OR

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			<ul style="list-style-type: none"> •30 days therapy with Strattera in the past 6 months OR •30 days therapy with short acting product (Intuniv - guanfacine or Kapvay - clonidine)
TETRACYCLINES <small>SmartPA</small>			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Demeclocycline - a documented diagnosis found in the past 2 years medical claims for Diabetes Insipidus or SIADH <p>Non Preferred Agents One claims for 2 different preferred agents in the past 6 months</p>
ULCERATIVE COLITIS AGENTS			
		ORAL	
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine)* GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide) ^{NR}	<p>SmartPA Criteria Giazo</p> <ul style="list-style-type: none"> • Limited to Male Patients AND • Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Ulcerative Colitis AND • 30 days therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
		RECTAL	
	CANASA (mesalamine)	SFROWASA (mesalamine)	

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	mesalamine		

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