MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2015
Version 2015.8a
Updated: 01-14-2015

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit** • **21 years** – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin)	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/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	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN		
	Amnesteem Claravis Myorisan Zenatane	ABSORICA (isotretinoin)	
ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		**All Agents** • Documented diagnosis for both preferred and non-preferred **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	ARICEPT ODT (donepezil) donepezil 5mg, 10mg EXELON PATCHES (rivastigmine)	ARICEPT (donepezil) ARICEPT 23 MG (donepezil)* donepezil 23mg* EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	
	NMDA RECEPTOR ANTAGONIST		
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine)	

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Drugs highlighted in yellow denote a change in PDL status.

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		NAMENDA XR (memantine)*	
ANALGESICS, NARCOTIC - SHORT ACTING			
	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) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)	**Quantity Limits** Applicable quantity limit in 31 rolling days. • **62 tablets** – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine • **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 • **480 mL CUMULATIVE –** hydrocodone liquids

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		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, NARCOTIC - LONG ACTING SmartPA			
	fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone)NR KADIAN (morphine) MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)	**Minimum Age Limit** • **18 years** – Xartemis XR, Zohydro ER **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days –** Avinza, Exalgo ER, Ultram ER, Ryzolt, Conzip ER • **62 tablets/31 days –** Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, Oxycontin, Zohydro ER • **10 patches/31 days –** Duragesic • **4 patches/31 days –** Butrans • **40 tablets/10 days –** Xartemis XR **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • 90 consecutive days on same agent in the past 105 days **Avinza**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• Trial of Opana ER or morphine ER in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • 90 consecutive days on same agent in the past 105 days **OxyContin** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • Trial of Kadian, Opana ER, morphine ER, Avinza or fentanyl patch in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Xartemis XR – MANUAL PA** • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year **Zohydro ER - MANUAL PA** • Documented diagnosis of cancer • Have tried 3 different preferred agents in the past 12 months **AND** • Have tried 2 different non-preferred agents in the past 12 months
ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) SmartPA	capsaicin diclofenac sodium solution FLECTOR (diclofenac epolamine) SmartPA LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine	**Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **Lidoderm** • Documented diagnosis of Herpetic

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		LIDODERM (lidocaine) SmartPA PENNSAID Solution (diclofenac sodium) SmartPA xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	Neuralgia **OR** • Documented diagnosis of Diabetic Neuropathy
ANDROGENIC AGENTS SmartPA			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) STRIANT (testosterone) VOGELXO (testosterone)	**All Agents** • Limited to male gender **Non Preferred Criteria** • Have tried 2 preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	**Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on 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	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ)	**Non Preferred Criteria** **ACE Inhibitor/CCB** • Have tried 2 different preferred *ACEI/CCB* agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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	TARKA (trandolapril/verapamil)	ZESTORETIC (lisinopril/HCTZ)	**ACE Inhibitor/Diuretic** • Have tried 2 different preferred *ACEI/Diuretic* agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan)* candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan* telmisartan TEVETEN (eprosartan) valsartan	**Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	ARB COMBINATIONS		
	DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ)* candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) irbesartan/HCTZ* telmisartan/amlodipine telmisartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine	**Non Preferred Criteria** **ARB/CCB or ARB/CCB/Diuretic** • Have tried 1 preferred *ARB/CCB* agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **ARB/Diuretic** • Have tried 2 different preferred *ARB/Diuretic* products in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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		valsartan/amlodipine/HCTZ valsartan/HCTZ	
	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred *ACEI or ARB single-entity* products in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred *ACEI or ARB diuretic agents* in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	**Xifaxan – MANUAL PA** • Documented diagnosis of Hepatic Encephalopathy **AND** • One trial of Lactulose **OR** • Failure or intolerance to lactulose **OR** • Hospital discharge on Xifaxan **OR** • One claim in the past 365 days
ANTIBIOTICS (MISCELLANOUS)			
	KETOLIDES		
		KETEK (telithromycin)	

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	LINCOSAMIDE ANTIBIOTICS		
	CLEOCIN SOLUTION (clindamycin) clindamycin capsules	CLEOCIN (clindamycin) CLEOCIN PEDIATRIC (clindamycin) clindamycin pediatric solution clindamycin solution	
	MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)	
	Oxazolidinones		
		SIVEXTRO (tedizolid)[NR]	

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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 (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) Clinical Edit	ELIQUIS (apixaban) PRADAXA (dabigatran) XARELTO 15 & 20mg (rivaroxaban)	**DVT Prophylaxis - following hip or knee replacement** XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year • Documented diagnosis of knee replacement **AND** duration of therapy limited to 12 days **OR** • Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days **DVT and PE Treatment** PRADAXA, ELIQUIS, AND XARELTO 15 & 20MG • Documented diagnosis of DVT or PE **Nonvalvular Atrial Fibrillation** ELIQUIS, PRADAXA, XARELTO 15 & 20MG

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			• Documented diagnosis of atrial fibrillation **AND** • NO contraindication of cardiac valve disease **AND** • 60 days prior therapy with warfarin in the past 6 months **OR** • 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	ARIXTRA (fondaparinux) enoxaparin fondaparinux	**LMWH – All Agents** • LMWH therapy in the past 3months **AND** ○ Documented diagnosis of cancer **OR** ○ Pregnant female **OR** • NO LMWH therapy in the past 3months **AND** ○ Duration of therapy is < 17 days **OR** ○ Documented diagnosis of cancer **OR** ○ Pregnant female **OR** ○ Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days **LMWH Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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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 tablet TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin)NR felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER* NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate)NR SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) topiramate sprinkle capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate)	**Minimum Age Limit** • **2 years** – clobazam • **4 years** - rufinamide **Quantity Limit** • **3 Twin Packs/31 days -** Diastat **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Banzel/Onfi** • 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 same agent in the past 105 days

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		ZONEGRAN (zonisamide)	
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) 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) PRISTIQ (desvenlafaxine)* REMERON (mirtazapine) tranylcypromine venlafaxine ER tablets	**Minimum Age Limit** • **18 years** - all drugs **Non Preferred Criteria** • Have tried 2 different preferred *Antidepressants, Other class* in the past 6 months **OR** • Have tried BOTH a preferred *SSRI and Antidepressants, Other* in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		venlafaxine XR WELLBUTRIN (bupropion) WELLBUTRIN SR WELLBUTRIN XL (bupropion HCl)	
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION* PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	**Minimum Age Limits** • **6 years** - sertraline • **7 years** – fluoxetine • **8 years** - fluvoxamine • **9 years -** citalopram • **12 years** - escitalopram • **18 years -** fluoxetine 90 mg, fluvoxamine SR, paroxetine **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	**Age Limit** • **4-11 years** - ondansetron ODT 4mg, Zuplenz 4mg *Smart PA will automatically be issued for this age range* **Non Preferred Agents** • Have tried 1 preferred agent in the past 6 months Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital.

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron)[NR] DICLEGIS (doxylamine/pyridoxine)	
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
		EMEND (aprepitant)	**Akynzeo & Emend** • Documented diagnosis of cancer **OR** Antineoplastic history **AND** • Have tried 1 preferred agent 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) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **HIV opportunistic infection** • Non Preferred agent indicated for treatment (^) **AND** • Documented diagnosis of HIV **Itraconazole** • 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

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ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole)NR KERYDIN (tavaborole)NR ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) tioconzaole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		**Non Preferred Criteria** • Documented diagnosis of allergy or urticaria **AND** • Have tried 2 different preferred agents in the past 12 months
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
	ORAL		**Minimum Age Limit – ALL FORMULATIONS** • **6-17 years** – rizatriptan *Smart PA will automatically be issued for this age range* • **12-17 years –** almotriptan *Smart PA will automatically be issued for this age range* • **18 years** – eletriptan, frovatriptan, naratriptan, sumatriptan, sumatriptan/naproxen, zolmitriptan **Quantity Limit - ORAL** • **6 tablets/31 days** - almotriptan, zolmitriptan, eletriptan • **9 tablets/31 days** - naratriptan, frovatriptan, sumatriptan, sumatriptan/naproxen
	RELPAX (eletriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	

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			• **12 tablets/31 days** – rizatriptan **Non Preferred Criteria – ORAL & NASAL** • Have tried 1 preferred agent in the past 90 days
	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • **1 box/31 days**
	INJECTABLES		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan)[NR]	**CUMULATIVE Quantity Limit - INJECTION** • **4 injections/31 days**
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutnib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib)		

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	XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYKADIA (ceritnib)		
ANTIPARASITICS (Topical) SmartPA			
	PEDICULICIDES		
	permethrin 1% ULESFIA (benzyl alcohol)	lindane malathion NATROBA (spinosad) OVIDE (malathion) SKLICE (ivermectin)	**Minimum Age/Weight Limit** • **50 kg** - lindane shampoo • **2 months** – permethrin 1% • **6 months** – benzyl alcohol solution, ivermectin • **2 years** – piperonyl/pyrethrins • **4 years** – spinosad • **6 years** – malathion **Non Preferred Criteria** • History of permethrin 1% topical lotion **OR** piperonyl/pyrethrin in the past 90 days **AND** • History of Ulesfia in the past 90 days
	SCABICIDES		
	EURAX CREAM (crotamiton) STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	**Generic permethrin 5% age exception** • **2 months to 17 years** – will approve
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)	**Non Preferred Criteria** • Documented diagnosis of Parkinson's disease **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	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		
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	**Lodosyn** • Documented diagnosis of Parkinson's disease **AND** • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS SmartPA			
	ORAL		
	ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine chlorpromazine clozapine SmartPA FANAPT (iloperidone) SmartPA	CLOZARIL (clozapine) SmartPA FAZACLO (clozapine) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA LATUDA (lurasidone)* SmartPA	**Minimum Age Limits** • **3 years** - haloperidol • **5 years** – risperidone • **6 years** – aripiprazole • **10 years** – olanzapine/fluoxetine, quetiapine

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2015
Version 2015.8a
Updated: 01-14-2015

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	fluphenazine GEODON (ziprasidone) SmartPA haloperidol SmartPA perphenazine risperidone SmartPA SAPHRIS (asenapine) SmartPA SEROQUEL (quetiapine SmartPA SEROQUEL XR (quetiapine) SmartPA thioridazine thiothixene trifluoperazine ZYPREXA (olanzapine) SmartPA/ Step Edit	NAVANE (thiothixene) olanzapine SmartPA olanzapine/fluoxetine SmartPA quetiapine SmartPA RISPERDAL (risperidone) SmartPA SYMBYAX (olanzapine/fluoxetine) SmartPA VERSACLOZ (clozapine)NR ziprasidone SmartPA	• **13 years** – olanzapine • **18 years** – asenapine, clozapine, iloperidone, lurasidone, paliperidone, ziprasidone **Abilify Tablets (excluding ODT)** • Detailed Abilify Tablet Splitting found here: • Use ½ tablet of the higher strength. • 1 tablet splitter/ year **Zyprexa – Step Edit** • Must try 2 other preferred atypical antipsychotic agents in the past 12 months **Non Preferred Criteria** • Have tried 2 preferred atypical antipsychotic agents in the past 12 months **OR** • 30 consecutive days on the same agent in the past 180 days **Latuda** • Females of childbearing age ○ ≥ 18 years will approve automatically ○ < 18 years will need an age waiver by manual PA **OR** • Males see Non Preferred Criteria noted above

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	INJECTABLE, ATYPICALS SmartPA		
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care (LTC) beneficiaries. **LTC Long Acting Injectable Criteria** • Minimum Age **AND** • Documented diagnosis **AND** • Non-Compliant with the oral formulation **OR** • History of the same injectable agent in the past 90 days ○ **3 claims** - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv ○ **6 claims** - Risperdal Consta
ANTIRETROVIRALS SmartPA			
	INTEGRASE STRAND TRANSFER INHIBITORS		**Non Preferred Criteria** • 1 claim with the same agent in the past 105 days
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)		
	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) EPIVIR (butransine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) ZERIT (stavudine)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)[NR]	
	PROTEASE INHIBITORS (PEPTIDIC)		
	NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		
		STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)[NR]	**Stribild – MANUAL PA** • Genotype testing supporting resistance to other regimens **OR** • Intolerance or contraindication to

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			preferred combination of drugs **AND** • Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND** • CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)		
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	**Minimum Age Limit** • **2 years** – Elidel, Protopic 0.03%

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			• **6 years** – Protopic 0.1% **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months
BETA BLOCKERS & ANTIANGINALS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol)NR INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)	**Bystolic** • 90 consecutive days on same agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Non Preferred Criteria – All Agents** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	**Coreg CR** • Documented diagnosis for hypertension **AND** • Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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	timolol/HCTZ		
		ANTIANGINALS	
		RANEXA (ranolazine)*	**Ranexa** • Documented diagnosis of angina **AND** • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR** • 90 consecutive days on same agent in the past 105 days
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER, IR OXYTROL (oxybutynin) TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		**Non Preferred Criteria** • Documented diagnosis for osteoporosis or osteopenia **AND** • Have tried 2 different preferred agents in the past 6 months
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab) risedronate	
	OTHERS		
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		**Female** • Alfuzosin, doxazosin IR, finasteride, tamsulosin, and terazosin **AND** a documented diagnosis based on a state accepted diagnosis **Non Preferred Criteria - MALE** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	doxazosin tamsulosin terazosin	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	**Cialis – MANUAL PA** • Male gender **AND** • Documented diagnosis for Benign Prostatic Hypertrophy **AND** • NO history of Erectile Dysfunction **AND** • Signed waiver stating treatment is NOT for Erectile Dysfunction **AND** • Have tried 2 different preferred agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium)[NR] TUDORZA PRESSAIR (aclidinium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol)	
BRONCHODILATORS, BETA AGONIST			
	INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) SmartPA	**Minimum Age Limit** • **4 years** - Xopenex HFA **Non Preferred Criteria** • 1 claim for a preferred agent in the past 6 months
	INHALERS, LONG ACTING SmartPA		
	FORADIL (formoterol)	ARCAPTA (indacaterol)	**Minimum Age Limit**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)[NR]	• **4 years** – Serevent • **5 years** – Foradil • **18 years** – Arcapta, Striverdi Respimat **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Arcapta & Striverdi Respimat** • Documented diagnosis of COPD **AND** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
INHALATION SOLUTION [SmartPA]			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	**Minimum Age Limit** • **6 years** – Xopenex • **18 years** – Brovana, Perforomist **Non Preferred Criteria** • 1 claim for a different preferred agent in the past 6 months **OR** • 3 claims with the same agent in the past 105 days **Xopenex** • 1 claim for a albuterol in the past 30 days

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	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	**Quantity Limit - nimodipine** • **252 tablets/ 21 days** • **2520 mL/21 days** **Non Preferred Criteria** • Have tried 2 different preferred *Short Acting* CCB agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days **nimodipine** • Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND** • Duration of therapy = 21 days
	LONG-ACTING		
	amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine)	**Non Preferred Criteria** • Have tried 2 different preferred *Long Acting* CCB agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		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 TWOCAL 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 AUGMENTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	**Non Preferred Criteria – all generations** • Have tried 2 different preferred agents in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	CEPHALOSPORINS – Second Generation SmartPA		
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
	CEPHALOSPORINS – Third Generation SmartPA		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	**Maximum Age Limit** • **18 years** – cefdinir suspension
COLONY STIMULATING FACTORS SmartPA			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	**Neulasta** • 1 claim in the past 105 days **Neupogen Syringe – MANUAL PA** • Valid reason why the preferred vial cannot be used.
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	**Age Limits** • **6 years** - Kalydeco, TOBI Podhaler **All Agents** • Documented diagnosis Cystic Fibrosis **Kalydeco** • Requires 1 claim with the same agent in the past 105 days **OR** • **NEW STARTS – MANUAL PA** ○ Diagnosis of cystic fibrosis with a *G551D,G1244E, G1349D,*

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			G178R, G551S, S1251N, S1255P, S549N, or *S549R* mutation in the CFTR gene **AND** ○ Prescriber is a CF specialist or pulmonologist **AND** ○ Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abcessus **TOBI Podhaler – MANUAL PA** • Therapy with a preferred tobramycin nebulizer solution in the past 90 days **AND** • Documented significant impairment with valid clinical reasoning the preferred agent cannot be used
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab)[NR] CIMZIA (certolizumab) ENTYVIO (vedolizumab)* ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate)[NR] REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab)* STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)	Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	EPOGEN (rHuEPO) PROCRIT (rHuEPO)	ARANESP (darbepoetin)* MIRCERA (methoxy polyethylene glycol-epoetin-beta)NR	**Non Preferred Criteria** • Documented diagnosis of cancer **OR** chronic renal failure **OR** antineoplastic therapy in the past 6 months **AND** • Trial of Procrit or Epogen in the past 6 months **OR** • 1 claim for the same agent in past 105 days
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine	**Cymbalta** **Minimum Age Limit** • **18 years** **Fibromyalgia** • Documented diagnosis **AND** • Have tried BOTH Lyrica and Savella in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Anxiety** • Documented diagnosis **AND** • Have tried 2 of the following preferred agents: sertraline, paroxetine IR, or venlafaxine in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Depression** • Documented diagnosis **AND** • Have tried 2 different preferred Antidepressant, Other products in the past 6 months **OR** • Have tried BOTH a preferred SSRI

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			and Antidepressant ,Other in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Diabetic Peripheral Neuropathy** • Documented diagnosis **AND** • Have tried Lyrica in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
FLUOROQUINOLONES (Oral) SmartPA			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non Preferred Criteria** • 1 claim for a preferred agent in past 30 days **Ciprofloxacin suspension age > 12 years** • 1 claim for a preferred agent in past 30 days **Ciprofloxacin Suspension for age < 12 years** • Anthrax infection or exposure **OR** • Cystic Fibrosis **OR** • Pneumonic plague **OR** tularemia **AND** history of doxycycline in the past 3 months **OR** • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide **Levaquin Tablets & Levaquin solution age > 12 years**

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• 1 claim for preferred agent or SMX/TMP in past 14 days **OR** • 1 claim for a preferred agent in past 30 days **Levaquin solution for age < 12 years** • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months **AND** ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Ciprofloxacin suspension in the past 3 months
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	**Minimum Age Limit** • **12 years** – imiquimod • **18 years** – ingenol, podofilox, sinecatechins
GLUCOCORTICOIDS (Inhaled)			
	GLUCOCORTICOIDS SmartPA		
	ASMANEX (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) NR ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules, 1mg	**Minimum Age Limit** • **6 years** – Pulmicort Flexhaler **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months *NOTE:* Institutional sized products are Non Preferred

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
	PROTON PUMP INHIBITORS		
	ACIPHEX Tablet (rabeprazole) NEXIUM (esomeprazole) omeprazole Rx PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) Rabeprazole	
	OTHER		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin)* HUMATROPE (somatropin)	**All Agents for Age > 18 years** • Documented diagnosis of craniopharyngioma,

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		NUTROPIN AQ (somatropin)* SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome **OR** • Documented procedure of cranial irradiation **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 84 consecutive days on same agent in the past 105 days
***H. PYLORI* COMBINATION TREATMENTS**			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	**Quantity Limit** • 1 treatment course/ year
HEPATITIS C TREATMENTS			
	INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir) VICTRELIS (boceprevir)	HARVONI (ledipasvir/sofosbuvir)[NR] INFERGEN (interferon alfacon-1)[Smart PA] OLYSIO (simeprevir) REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	**Infergen** • 1 claim for a preferred interferon agent in the past 6 months **OR** • 1 claim with the same agent in the past 12 months **Harvoni, Incivek, Olysio, Sovaldi, or Victrelis – MANUAL PA**
HYPERURICEMIA & GOUT [SmartPA]			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	MITIGARE (colchicines)[NR] ULORIC (febuxostat) ZYLOPRIM (allopurinol)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2015
Version 2015.8a
Updated: 01-14-2015

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide)NR TRADJENTA (linagliptin)* TRULICITY (dulaglutide)NR VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	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)	AFREZZA (insulin)NR APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)*	**Non Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
		FARXIGA (dapaglifozin) INVOKANA (canagliflozin)	

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		JARDIACE (empagliflozin)[NR]	
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
		INVOKAMET (canaglifozin/metformin)[NR] XIGDUO (dapaglifozin/metformin)[NR]	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	TZD COMBINATIONS		
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) pioglitazone/metformin	
IMMNOSUPPRESSIVE (ORAL) SmartPA			
	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)	ASTAGRAF XL (tacrolimus)[NR] HECORIA (tacrolimus)[NR] sirolimus	**Minimum Age Limit** • **13 years** - sirolimus • **18 years** - everolimus **Azasan** • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis **cyclosporine & cyclosporine, modified** • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis **OR** • A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			motor neuropathy **everolimus & sirolimus** • Documented diagnosis of kidney transplant **Myfortic (mycophenolate sodium)** • Documented diagnosis of kidney transplant or psoriasis **tacrolimus & mycophenolate mofetil** • Documented diagnosis 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 olopatadine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone	**Non Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months **Rhinocort Aqua** *Smart PA will be issued for pregnant*

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		VERAMYST (fluticasone) ZETONNA (ciclesonide)	*women.* • A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
	IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS		
	dicyclomine hyoscyamine	AMITIZA (lubiprostone)∞ BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone)NR ZORBTIVE (somatropin) ∞	**∞ Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive** • 1 claim for the same agent in the past 105 days **OR** • **MANUAL PA** - All new patients require manual review.
	SELECTED GI AGENTS		
		FULYZAQ (crofelemer)	
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	**Minimum Age Limit** • **12 years** – Zyflo & Zyflo CR **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (Non-statins) SmartPA			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	**All Agents, All Sub-Classes both Preferred and Non Preferred** • 90 consecutive days on same agent in the past 105 days**OR** • Have tried 1 statin or statin combination agent in the past year

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			OR • One of the following exceptions: o Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR** o Pregnant female **OR** o Documented diagnosis of liver disease **OR** o Documented diagnosis for hypertriglyceridemia **OR** o Clinical justification a statin or statin combination product cannot be used **Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	OMEGA-3 FATTY ACIDS		
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	CHOLESTEROL ABSORPTION INHIBITORS		
		ZETIA (ezetimibe)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	FIBRIC ACID DERIVATIVES		
	gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate)	**Fibric Acid Derivative Non Preferred Criteria** • Have tried 2 different fibric acid derivatives in the past 6 months

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		LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
	MTP INHIBITOR		
		JUXTAPID (lomitapide)	MANUAL PA
	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	MANUAL PA
	NIACIN		
	NIACOR (niacin) NIASPAN (niacin)		**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
LIPOTROPICS, STATINS SmartPA			
	STATINS		
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	**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 same agent in the past 105 days
	STATIN COMBINATIONS		
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	**Non Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	
	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) SmartPA	alprazolam ER SmartPA BUNAVAIL (buprenorphine/naloxone) GRASTEK NR hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) ORALAIR RAGWITEK NR VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	**Alprazolam ER CUMULATIVE quantity limit** • **31 tablets/31 days** • **Exception** –previously stable on 2 tablets/day in the past 90 days **Suboxone** • Detailed Suboxone criteria found here **Hydroxyzine hcl 10mg tablets – MANUAL PA** • **6-12 years –** *A manual PA will be issued for this age range*
	SUBLINGUAL NITROGLYCERIN		
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
MOVEMENT DISORDER AGENTS SmartPA			
		XENAZINE (tetrabenazine)	**Xenazine** • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GILENYA (fingolimod) PLEGRIDY (interferon beta-1a)NR TECFIDERA (dimethyl fumarate)	**All Agents** • Documented diagnosis of multiple sclerosis **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 3 claims with the same agent **Ampyra – MANUAL PA** • **18 years** – minimum age limit **AND** • **60 tablets/30 days (2 tablets/day)** – quantity limit **AND** • Documented gait disorder associated with MS **AND** • NO seizure diagnosis or moderate to severe renal impairment **AND** • *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR** • *Additional prior authorizations* - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NSAIDS SmartPA			
	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 meclofenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
	COX II SELECTIVE		
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam)	**Non Preferred Criteria – COX II** • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND** • 90 consecutive days on same 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 CILOXAN (ciprofloxacin) ciprofloxacin erythromycin gentamicin levofloxacin MOXEZA (moxifloxacin) ofloxacin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) GARAMYCIN (gentamicin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin)	

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	polymyxin/trimethoprim sulfacetamide tobramycin TOBREX (tobramycin) oint VIGAMOX (moxifloxacin)	(oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML SOP (fluorometholone) MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS, GLAUCOMA AGENTS SmartPA			
	BETA BLOCKERS		
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	**Non Preferred Criteria** • Documented diagnosis of glaucoma **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on 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)	

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	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	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			
	CIPRODEX (ciprofloxacin/dexamethasone) Age Edit neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) Age Edit ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	**Maximum Age Limit** • **8 years** - Cipro HC • **14 years** - Ciprodex
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) PANCRELIPASE ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE ULTRESA VIOKACE	**Non Preferred Criteria** • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol	doxercalciferol DRISDOL (ergocalciferol)	

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	ZEMPLAR (paricalcitol)	HECTOROL (doxercalciferol) paricalcitol ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydronxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) cilostazol dipyridamole PLAVIX (clopidogrel) ZONTIVITY (vorapaxar) Clinical Edit	BRILINTA (ticagrelor) clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	**Zontivity – MANUAL PA** • Documented diagnosis of myocardial infarction or peripheral artery disease **AND** • No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND** • Concurrent therapy with aspirin and/or clopidogrel **Non Preferred Criteria** • Documented diagnosis **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Brilinta** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention **OR** • Therapy with Brilinta in the past 60

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			days **Effient** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention
PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet PREQUE 10 TABLET SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet VOL-TAB Rx	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.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		PNV-DHA SOFTGEL PNV-SELECT Tablet PAIRE OB PLUS DHA COMBO PACK 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	

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PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	**Non Preferred Criteria** • 90 consecutive days on same agent in the past 105 days **OR** • Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amytrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES SmartPA			
	ENDOTHELIN RECEPTOR ANTAGONIST		
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	**All PAH Agents – Preferred and Non Preferred** • Documented diagnosis of pulmonary hypertension **Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	PDE5's		
	sildenafil	ADCIRCA (tadalafil)* REVATIO (sildenafil)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Revatio** • **< 1 year** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** • **> 18 years** of age **AND** Non Preferred Criteria

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Sildenafil 25mg, 50mg, or 100mg • **< 12 years** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant
	PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	SOLUABLE GUANYLATE CYCLASE STIMULATORS		
		ADEMPAS (riociguat)	**Adempas** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **OR** • **MANUAL PA** for PAH WHO Group 4
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. **Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths • **31 units/31 days** - all strengths
	OTHERS SmartPA		
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem)	**Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all

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To search the PDL, press CTRL + F

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		BELSOMRA (sovorexant)[NR] EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	strengths • **31 units/31 days** • **1 canister/31 days** – Zolpimist & male • **1 canister/62 days –** Zolpimist & female **Gender and Dose Limits for zolpidem** • **Female -** zolpidem 1.75 mg, 5mg, 6.25mg • **Male** – all zolpidem strengths **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Hetlioz** • Circadian rhythm sleep disorder **AND** • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
	INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	ORAL CONTACEPTIVES SmartPA		
	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	**Non Preferred Criteria** • 1 claim with the same agent in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		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 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 SmartPA			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER	**Non Preferred Agents** • Documented diagnosis for an approvable indication **AND** • Have tried 2 different preferred agents in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	**Carisoprodol** • Documented diagnosis of acute musculoskeletal condition **AND** • NO history with meprobamate in the past 90 days **AND** • 1 claim for cyclobenzaprine in the past 21 days **OR** a documented intolerance to cyclobenzaprine **AND** • **Quantity Limits** ○ **18 tablets** - to allow tapering off ○ **84 tablets/6 months**
SMOKING DETERRANTS			
	NICOTINE TYPE		
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	
STEROIDS (Topical) SmartPA			
	LOW POTENCY		
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHE-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil	**Non Preferred Criteria** • Have tried 2 different preferred low potency agents in the past 6 months

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	
	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)	**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. CAPEX (fluocinolone) fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	**Non Preferred Criteria** • Have tried 2 different preferred high potency agents in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	VERY HIGH POTENCY		
	CLOBEX (clobetasol) TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammoium lac) OLUX (clobetasol) OLUX-E (clobetasol)	**Non Preferred Criteria** • Have tried 2 different preferred very high potency agents in the past 6 months
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) dextroamphetamine solution methamphetamine methylphenidate solution ZENZEDI (dextroamphetamine)	**Minimum Age Limit** • **3 years** - amphetamine salts, dextroamphetamine • **6 years** – dexmethylphenidate, methylphenidate, methamphetamine **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **62 tablets/ 31 days** –Adderall, Desoxyn, dextroamphetamine, Focalin, methylphenidate, • **155 mL/ 31 days** – methylphenidate solution, dextroamphetamine solution **Non-Preferred Criteria** • Havetried 2 different preferred Short Acting agents in the past 6 months **OR**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• 1 claim for a 30 day supply with the same agent in the past 180 days
	LONG-ACTING		
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	**Minimum Age Limit** • **6 years** – amphetamine salts ER, dexmethylphenidate XR, dextroamphetamine ER, lisdexamfetamine, methylphenidate CD, • **16 years** – modafinil • **17 years** – armodafinil **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Adderall XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Vyvanse • **46.5 tablets/ 31 days** – Provigil 100 mg • **62 tablets/ 31 days** – Concerta 36mg, Focalin XR 15 & 20mg, Nuvigil 50mg • **372 mL/ 31 days** – methylphenidate ER solution **Non-Preferred Criteria** • Have tried 2 different preferred Long Acting agents in the past 6 months **OR**

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• 1 claim for a 30 day supply with the same agent in the past 180 days **Nuvigil & Provigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND** • Have tried 1 Short or Long Acting stimulant 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 guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	**Minimum Age Limit** • **6 years** – atomoxetine, Kapvay, Intuniv **Maximum Age Limit** • **17 years** – Kapvay, Intuniv • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Intuniv, Strattera • **124 tablets/ 31 days** – Kapvay **Kapvay & Intuniv** • 1 claim for a 30 day supply in the past 180 days **OR** • Diagnosis for ADD or ADHD **AND** • Have tried 1 Short or Long Acting stimulant in the past 6 months **OR** • Have tried Strattera in the past 6 months **OR**

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• Have tried the short acting product in the past 6 months
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycyline)NR 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	**Non Preferred Agents** • Have tried 2 different preferred agents in the past 6 months **Demeclocycline** • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS ***See Cytokine & CAM Antagonists Class for additional agents**			
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC* COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) * GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)NR	**Gender Limits** • **Male** - Giazo **Non Preferred Criteria** • Documented diagnosis for Ulcerative Colitis **AND** • 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)	