



SmartPA Criteria

Proposal

Drug/Drug Class:	Dose Optimization Fiscal Edit
First Implementation Date:	April 14, 2003
Revised Date:	October 20, 2022
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Reduces the utilization of drug therapies that comprise of multiple units of lower strength dosage forms, when single units of higher strength dosage forms deliver the same drug therapy, with lower cost to the program.

Why Issue Selected: Cost savings can be achieved without recommending changes to the prescribed drug or the daily dose through optimization of the drug. Identifying situations where lower strength combination products are more costly per day than selecting the single-unit, higher-strength form of the same product. MO HealthNet will not require pill splitting.

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Fiscal Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: select agents for Dose Optimization (see Appendix A)
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Dosage on claim does not exceed approved dosing frequency (see Appendix A)

Denial Criteria

- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:

Progress Notes:

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

MedWatch Form: Other: **Disposition of Edit**

Denial: Exception code "0234" (Dose Optimization)

Rule Type: PD

Default Approval Period

1 year

Appendix A – Agents selected for Dose Optimization

Drug Description	Generic Equivalent	Dose Optimization Calculation
ABILIFY 10 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY 15 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY 1MG/ML SOLUTION	ARIPIPRAZOLE	Deny dosing more frequently than 25ml/d
ABILIFY 2 MG	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY 20 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY 30 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY 5 MG	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY DISCMELT 10 MG	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY DISCMELT 15 MG	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY MYCITE 10 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 10 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 10 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 15 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 15 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 15 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 2 MG	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY MYCITE 2 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY MYCITE 2 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 2/d
ABILIFY MYCITE 20 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 20 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 20 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 30 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 30 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 30 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 5 MG	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 5 MG MAINT KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABILIFY MYCITE 5 MG START KIT	ARIPIPRAZOLE	Deny dosing more frequently than 1/d
ABSTRAL 100 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ABSTRAL 200 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ABSTRAL 300 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ABSTRAL 400 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ABSTRAL 600 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ABSTRAL 800 MCG SL TAB	FENTANYL SL TAB	Deny dosing more frequently than 4/day
ACCOLATE 10 MG TABLET	ZAFIRLUKAST	Deny dosing more frequently than 2/d
ACCOLATE 20 MG TABLET	ZAFIRLUKAST	Deny dosing more frequently than 2/d
ACEON 2 MG	PERINDOPRIL	Deny dosing more frequently than 2/d
ACEON 4 MG	PERINDOPRIL	Deny dosing more frequently than 2/d
ACEON 8 MG	PERINDOPRIL	Deny dosing more frequently than 1/d
ACIPHEX 20 MG	RABEPRAZOLE	Deny dosing more frequently than 2/d
ACIPHEX SPRINKLE 10 MG CAP	RABEPRAZOLE SODIUM	Deny dosing more frequently than 2/d
ACIPHEX SPRINKLE 5 MG CAP	RABEPRAZOLE SODIUM	Deny dosing more frequently than 2/d
ACTIQ 1200 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIQ 1600 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIQ 200 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIQ 400 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIQ 600 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIQ 800 MCG	FENTANYL CITRATE	Deny dosing more frequently than 4/d
ACTIONEL 150 MG TABLET	RISEDRONATE	Deny dosing more frequently than 1/28 days

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

ACTIONEL 30 MG TABLET	RISEDRONATE	Deny dosing more frequently than 1/day
ACTIONEL 35 MG TABLET	RISEDRONATE	Deny dosing more frequently than 1/wk
ACTIONEL 5 MG TABLET	RISEDRONATE	Deny dosing more frequently than 1/day
ACTOPLUS MET 15MG/500MG	PIOGLITAZONE/METFORMIN	Deny dosing more frequently than 3/d
ACTOPLUS MET 15MG/850MG	PIOGLITAZONE/METFORMIN	Deny dosing more frequently than 3/d
ACTOPLUS MET XR 15MG/1000MG	PIOGLITAZONE/METFORMIN	Deny dosing more frequently than 2/d
ACTOPLUS MET XR 30MG/1000MG	PIOGLITAZONE/METFORMIN	Deny dosing more frequently than 1/d
ACTOS 15 MG	PIOGLITAZONE	Deny dosing more frequently than 1/d
ACTOS 30 MG	PIOGLITAZONE	Deny dosing more frequently than 1/d
ACTOS 45 MG	PIOGLITAZONE	Deny dosing more frequently than 1/d
AGGRENOX 25 MG/200 MG	ASPIRIN/DIPYRIDAMOLE	Deny dosing more frequently than 2/d
ALENDRONATE 70 MG/75 ML	ALENDRONATE	Deny dosing more frequently than 75 ml/wk
ALOXI 0.25 MG/5 ML	PALONOSETRON	Deny dosing more frequently than 5ml/d
ALTACE 1.25 MG	RAMIPRIL	Deny dosing more frequently than 1/d
ALTACE 10 MG	RAMIPRIL	Deny dosing more frequently than 2/d
ALTACE 2.5 MG	RAMIPRIL	Deny dosing more frequently than 1/d
ALTACE 5 MG	RAMIPRIL	Deny dosing more frequently than 1/d
ALTOPREV 20 MG	LOVASTATIN ER	Deny dosing more frequently than 1/d
ALTOPREV 40 MG	LOVASTATIN ER	Deny dosing more frequently than 1/d
ALTOPREV 60 MG	LOVASTATIN ER	Deny dosing more frequently than 1/d
AMARYL 1 MG	GLIMEPIRIDE	Deny dosing more frequently than 2/d
AMARYL 2 MG	GLIMEPIRIDE	Deny dosing more frequently than 2/d
AMARYL 4 MG	GLIMEPIRIDE	Deny dosing more frequently than 2/d
AMITIZA 24MCG CAPSULE	LUBIPROSTONE	Deny dosing more frequently than 2 caps per day
AMITIZA 8MCG CAPSULE	LUBIPROSTONE	Deny dosing more frequently than 2 caps per day
AMPYRA 10 MG TABLET	DALFAMPRIDINE	Deny dosing more frequently than 2 tabs per day
ANZEMET 100 MG	DOLASETRON	Deny dosing more frequently than 1/d
ANZEMET 50 MG	DOLASETRON	Deny dosing more frequently than 1/d
APRISO ER 0.375 GM CAPSULE	MESALAMINE	Deny dosing more frequently than 4 caps per day
ARICEPT 10 MG ODT	DONEPEZIL	Deny dosing more frequently than 1/d
ARICEPT 10 MG TAB	DONEPEZIL	Deny dosing more frequently than 1/d
ARICEPT 23 MG	DONEPEZIL	Deny dosing more frequently than 1/d
ARICEPT 5 MG ODT	DONEPEZIL	Deny dosing more frequently than 1/d
ARICEPT 5 MG TAB	DONEPEZIL	Deny dosing more frequently than 1/d
ARIIXTRA 10 MG/0.8 ML	FONDAPARINUX	Deny dosing more frequently than 0.8/d
ARIIXTRA 2.5 MG/0.5 ML	FONDAPARINUX	Deny dosing more frequently than 0.5/d
ARIIXTRA 5 MG/0.4 ML	FONDAPARINUX	Deny dosing more frequently than 0.4/d
ARIIXTRA 7.5 MG/0.6 ML	FONDAPARINUX	Deny dosing more frequently than 0.6/d
ASACOL HD DR 800 MG TABLET	MESALAMINE	Deny dosing more frequently than 6 tabs per day
ATACAND 16 MG	CANDESARTAN	Deny dosing more frequently than 1/d
ATACAND 32 MG	CANDESARTAN	Deny dosing more frequently than 1/d
ATACAND 4 MG	CANDESARTAN	Deny dosing more frequently than 1/d
ATACAND 8 MG	CANDESARTAN	Deny dosing more frequently than 2/d
ATACAND HCT 16 MG/12.5 MG	CANDESARTAN/HCTZ	Deny dosing more frequently than 1/d
ATACAND HCT 32 MG/12.5 MG	CANDESARTAN/HCTZ	Deny dosing more frequently than 1/d
ATACAND HCT 32 MG/25 MG	CANDESARTAN/HCTZ	Deny dosing more frequently than 1/d
ATELVIA DR 35 MG TABLET	RISEDRONATE	Deny dosing more frequently than 1/wk
AUBAGIO 14 MG	TERIFLUNOMIDE	Deny dosing more frequently than 1 tab per day
AUBAGIO 7 MG	TERIFLUNOMIDE	Deny dosing more frequently than 1 tab per day
AUSTEDO 12 MG TABLET	DEUTETRABENAZINE	Deny dosing more frequently than 4 tabs per day
AUSTEDO 6 MG TABLET	DEUTETRABENAZINE	Deny dosing more frequently than 4 tabs per day
AUSTEDO 9 MG TABLET	DEUTETRABENAZINE	Deny dosing more frequently than 4 tabs per day
AVALIDE 150 MG/12.5 MG	IRBESARTAN/HCTZ	Deny dosing more frequently than 1/d
AVALIDE 300 MG/12.5 MG	IRBESARTAN/HCTZ	Deny dosing more frequently than 1/d
AVANDIA 2 MG	ROSIGLITAZONE	Deny dosing more frequently than 2/d
AVANDIA 4 MG	ROSIGLITAZONE	Deny dosing more frequently than 2/d
AVAPRO 150 MG	IRBESARTAN	Deny dosing more frequently than 1/d
AVAPRO 300 MG	IRBESARTAN	Deny dosing more frequently than 1/d
AVAPRO 75 MG	IRBESARTAN	Deny dosing more frequently than 1/d
AVODART 0.5 MG SOFTGEL	DUTASTERIDE	Deny dosing more frequently than 1 cap per day
AXID 150 MG	NIZATIDINE	Deny dosing more frequently than 2/d
AXID 300 MG	NIZATIDINE	Deny dosing more frequently than 1/d
AZOR 10 MG/20 MG	AMLODIPINE/OLMESARTAN	Deny dosing more frequently than 1/d
AZOR 10 MG/40 MG	AMLODIPINE/OLMESARTAN	Deny dosing more frequently than 1/d
AZOR 5 MG/20 MG	AMLODIPINE/OLMESARTAN	Deny dosing more frequently than 1/d
AZOR 5 MG/40 MG	AMLODIPINE/OLMESARTAN	Deny dosing more frequently than 1/d
AZULFIDINE 500 MG TABLET	SULFASALAZINE	Deny dosing more frequently than 8 tabs per day

AZULFIDINE EN-TAB 500 MG	SULFASALAZINE	Deny dosing more frequently than 8 tabs per day
BAFIERTAM DR 95 MG CAPSULE	MONOMETHYL FUMARATE	Deny dosing more frequently than 4 caps per day
BINOST 70 MG	ALENDRONATE	Deny dosing more frequently than 1/wk
BONIVA 150 MG TABLET	IBANDRONATE	Deny dosing more frequently than 1/28 days
BRILINTA 60 MG	TICAGRELOR	Deny dosing more frequently than 2/d
BRILINTA 90 MG	TICAGRELOR	Deny dosing more frequently than 2/d
BRISDELLE 7.5 MG	PAROXETINE MESYLATE	Deny dosing more frequently than 1/d
BUNAVAIL 2.1-0.3MG FILM	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 6/day
BUNAVAIL 4.2-0.7MG FILM	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 3/day
BUNAVAIL 6.3MG-1MG FILM	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 2/day
BYDUREON BCISE 2 MG	EXENATIDE	Deny dosing more frequently than 3.4 mL per 28 days
BYLVAY 1200 MCG CAPSULE	ODEVIXIBAT	Deny dosing more frequently than 5/d
BYLVAY 200 MCG PELLET	ODEVIXIBAT	Deny dosing more frequently than 30/d
BYLVAY 400 MCG CAPSULE	ODEVIXIBAT	Deny dosing more frequently than 15/d
BYLVAY 600 MCG PELLET	ODEVIXIBAT	Deny dosing more frequently than 10/d
CAPLYTA 10.5 MG CAPSULE	LUMATEPERONE TOSYLATE	Deny dosing more frequently than 1 cap per day
CAPLYTA 21 MG CAPSULE	LUMATEPERONE TOSYLATE	Deny dosing more frequently than 1 cap per day
CAPLYTA 42MG CAPSULE	LUMATEPERONE TOSYLATE	Deny dosing more frequently than 1 cap per day
CELEBREX 100 MG	CELECOXIB	Deny dosing more frequently than 2/d
CELEBREX 200 MG	CELECOXIB	Deny dosing more frequently than 2/d
CELEBREX 400 MG	CELECOXIB	Deny dosing more frequently than 1/d
CELEBREX 50 MG	CELECOXIB	Deny dosing more frequently than 2/d
CELEXA 10 MG	CITALOPRAM	Deny dosing more frequently than 3/d
CELEXA 20 MG	CITALOPRAM	Deny dosing more frequently than 1.5/d
CELEXA 40 MG	CITALOPRAM	Deny dosing more frequently than 2/d
CIALIS 5 MG TABLET	Tadalafil	Deny dosing more frequently than 1 tab per day
CIBINQO 100 MG TABLET	ABROCITINIB	Deny dosing more frequently than 1 tab per day
CIBINQO 200 MG TABLET	ABROCITINIB	Deny dosing more frequently than 1 tab per day
CIBINQO 50 MG TABLET	ABROCITINIB	Deny dosing more frequently than 1 tab per day
CIMETIDINE 300 MG/5 ML SOLN	CIMETIDINE	Deny dosing more frequently than 40ml/d
CLARITIN 10 MG LIQUI-GEL	LORATADINE	Deny dosing more frequently than 1/d
CLARITIN 10 MG REDI-TAB	LORATADINE	Deny dosing more frequently than 1/d
CLARITIN 10 MG TABLET	LORATADINE	Deny dosing more frequently than 1/d
CLARITIN 5 MG CHEWABLE	LORATADINE	Deny dosing more frequently than 1/d
CLARITIN 5 MG REDI-TAB	LORATADINE	Deny dosing more frequently than 1/d
CLARITIN 5 MG/5 ML SOLUTION	LORATADINE	Deny dosing more frequently than 10 ml/d
COLAZAL 750 MG CAPSULE	BALSALAZIDE	Deny dosing more frequently than 9 caps per day
COMBIVENT RESPIMAT	IPRATROPIUM/ALBUTEROL	Deny dosing more frequently than 6 sprays/day
CONZIP ER 100 MG	TRAMADOL	Deny dosing more frequently than 1/d
CONZIP ER 200 MG	TRAMADOL	Deny dosing more frequently than 1/d
CONZIP ER 300 MG	TRAMADOL	Deny dosing more frequently than 1/d
COVID-19 HOME TEST KIT	COVID-19 HOME TEST KIT	Deny dosing more frequently than 2 tests every 30 days
CRESTOR 10 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
CRESTOR 20 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
CRESTOR 40 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
CRESTOR 5 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
CYMBALTA 20 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
CYMBALTA 30 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
CYMBALTA 60 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
DAYTRANA 10 MG/9 H PATCH	METHYLPHENIDATE	Deny dosing more frequently than 1 patch per day
DAYTRANA 15 MG/9 H PATCH	METHYLPHENIDATE	Deny dosing more frequently than 1 patch per day
DAYTRANA 20 MG/9 H PATCH	METHYLPHENIDATE	Deny dosing more frequently than 1 patch per day
DAYTRANA 30 MG/9 H PATCH	METHYLPHENIDATE	Deny dosing more frequently than 1 patch per day
DELZICOL DR 400 MG CAPSULE	MESALAMINE	Deny dosing more frequently than 6 caps per day
DESVENLAFAXINE ER 100MG	DESVENLAFAXINE	Deny dosing more frequently than 4/d
DESVENLAFAXINE ER 50MG	DESVENLAFAXINE	Deny dosing more frequently than 1/d
DETROL 1 MG TABLET	TOLTERODINE	Deny dosing more frequently than 2 tabs per day
DETROL 2 MG TABLET	TOLTERODINE	Deny dosing more frequently than 2 tabs per day
DETROL LA 2 MG CAPSULE	TOLTERODINE	Deny dosing more frequently than 1 cap per day
DETROL LA 4 MG CAPSULE	TOLTERODINE	Deny dosing more frequently than 1 cap per day
DEXCOM G6 RECEIVER	CGM	Deny dosing more frequently than 1 every 310 days
DEXCOM G6 SENSOR	CGM	Deny dosing more frequently than 3 every 25 days
DEXCOM G6 TRANSMITTER	CGM	Deny dosing more frequently than 1 every 76 days
DEXILANT 30 MG CAPSULE	DEXLANSOPRAZOLE	Deny dosing more frequently than 2/d
DEXILANT 60 MG CAPSULE	DEXLANSOPRAZOLE	Deny dosing more frequently than 1/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

DIACOMIT 250MG CAPSULE	STIRIPENTOL	Deny dosing more frequently than 12 caps per day
DIACOMIT 250MG PACKET	STIRIPENTOL	Deny dosing more frequently than 12 packets per day
DIACOMIT 500 MG CAPSULE	STIRIPENTOL	Deny dosing more frequently than 6 caps per day
DIACOMIT 500MG PACKET	STIRIPENTOL	Deny dosing more frequently than 6 packets per day
DIPENTUM 250 MG CAPSULE	OLSALAZINE	Deny dosing more frequently than 2 caps per day
DITROPAN 5 MG TABLET	OXYBUTYNIN	Deny dosing more frequently than 4 tabs per day
DITROPAN XL 10 MG TABLET	OXYBUTYNIN	Deny dosing more frequently than 2 tabs per day
DITROPAN XL 15 MG TABLET	OXYBUTYNIN	Deny dosing more frequently than 2 tabs per day
DITROPAN XL 5 MG TABLET	OXYBUTYNIN	Deny dosing more frequently than 1 tab per day
DRIZALMA SPRINKLE 20 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 1 cap per day
DRIZALMA SPRINKLE 30 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 1 cap per day
DRIZALMA SPRINKLE 40 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
DRIZALMA SPRINKLE 60 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
DUETACT 30-2 MG TABLET	PIOGLITAZONE/GLIMEPIRIDE	Deny dosing more frequently than 1/d
DUETACT 30-4 MG TABLET	PIOGLITAZONE/GLIMEPIRIDE	Deny dosing more frequently than 1/d
DULOXETINE DR 40 MG CAPSULE	DULOXETINE	Deny dosing more frequently than 2 caps per day
DUOBRII 0.01%-0.045% LOT	HALOBETAZOL/TAZAROTENE	Deny dosing more frequently than 200g (2 tubes) every 28 days
DURAGESIC 100 MCG	FENTANYL	Deny dosing more frequently than 1/d
DURAGESIC 12 MCG	FENTANYL	Deny dosing more frequently than 1/d
DURAGESIC 25 MCG	FENTANYL	Deny dosing more frequently than 1/d
DURAGESIC 50 MCG	FENTANYL	Deny dosing more frequently than 1/d
DURAGESIC 75 MCG	FENTANYL	Deny dosing more frequently than 1/d
EFFEXOR XR 150 MG	VENLAFAKINE	Deny dosing more frequently than 2/d
EFFEXOR XR 37.5 MG	VENLAFAKINE	Deny dosing more frequently than 2/d
EFFEXOR XR 75 MG	VENLAFAKINE	Deny dosing more frequently than 3/d
EFFIENT 10 MG	PRASUGREL	Deny dosing more frequently than 1/d
EFFIENT 5 MG	PRASUGREL	Deny dosing more frequently than 1/d
EGRIFTA 1 MG VIAL	TESAMORELIN	Deny dosing more frequently than 2 units per day
EGRIFTA SV 2 MG VIAL	TESAMORELIN	Deny dosing more frequently than 1 unit per day
EMLA CREAM 2.5%-2.5%	LIDOCAINE/PRILOCAINE	Deny dosing more frequently than 1 gram/d
EMLA CREAM 2.5%-2.5% KIT	LIDOCAINE/PRILOCAINE	Deny dosing more frequently than 1 gram/d
ENABLEX 15 MG TABLET	DARIFENACIN	Deny dosing more frequently than 1 tab per day
ENABLEX 7.5 MG TABLET	DARIFENACIN	Deny dosing more frequently than 1 tab per day
ESOMEPRAZOLE 49.3 MG CAP	ESOMEPRAZOLE STRONTIUM	Deny dosing more frequently than 1/d
EXFORGE 10 MG/160 MG	AMLODIPINE/VALSARTAN	Deny dosing more frequently than 1/d
EXFORGE 10 MG/160 MG/12.5MG	AMLODIPINE/VALSARTAN/HCTZ	Deny dosing more frequently than 1/d
EXFORGE 10 MG/160 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	Deny dosing more frequently than 1/d
EXFORGE 10 MG/320 MG	AMLODIPINE/VALSARTAN	Deny dosing more frequently than 1/d
EXFORGE 10 MG/320 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	Deny dosing more frequently than 1/d
EXFORGE 5 MG/160 MG	AMLODIPINE/VALSARTAN	Deny dosing more frequently than 1/d
EXFORGE 5 MG/160 MG/12.5 MG	AMLODIPINE/VALSARTAN/HCTZ	Deny dosing more frequently than 1/d
EXFORGE 5 MG/160 MG/25 MG	AMLODIPINE/VALSARTAN/HCTZ	Deny dosing more frequently than 1/d
EXFORGE 5 MG/320 MG	AMLODIPINE/VALSARTAN	Deny dosing more frequently than 1/d
EZALLOR SPRINKLE 10 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
EZALLOR SPRINKLE 20 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
EZALLOR SPRINKLE 40 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
EZALLOR SPRINKLE 5 MG	ROUVASTATIN	Deny dosing more frequently than 1/d
FANAPT 1 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 10 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 12 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 2 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 4 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 6 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FANAPT 8 MG	ILOPERIDONE	Deny dosing more frequently than 2/d
FARXIGA 10MG TABLET	DAPAGLIFLOZIN	Deny dosing more frequently than 1 tablet per day
FARXIGA 5MG TABLET	DAPAGLIFLOZIN	Deny dosing more frequently than 2 tablets per day
FENTANYL 37.5 MCG	FENTANYL	Deny dosing more frequently than 1/d
FENTANYL 62.5 MCG	FENTANYL	Deny dosing more frequently than 1/d
FENTANYL 87.5 MCG	FENTANYL	Deny dosing more frequently than 1/d
FENTORA 100 MCG	FENTANYL BUCCAL	Deny dosing more frequently than 4/d
FENTORA 200 MCG	FENTANYL BUCCAL	Deny dosing more frequently than 4/d
FENTORA 400 MCG	FENTANYL BUCCAL	Deny dosing more frequently than 4/d
FENTORA 600 MCG	FENTANYL BUCCAL	Deny dosing more frequently than 4/d
FENTORA 800 MCG	FENTANYL BUCCAL	Deny dosing more frequently than 4/d
FINTEPLA 2.2MG/ML SOLN	FENFLURAMINE HCL	• With claim for Diacomit in the past 45 days: Deny dosing more frequently than 8 ml per day

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

		<ul style="list-style-type: none"> Without claim for Diacomit in the past 45 days: Deny dosing more frequently than 12 ml per day
FLAVOXATE 100 MG TABLET	FLAVOXATE	Deny dosing more frequently than 6 tabs per day
FLECTOR 1.3% PATCH	DICLOFENAC EPOLAMINE	Deny dosing more frequently than 2 patches/day
FLOMAX 0.4 MG CAPSULE	TAMSULOSIN	Deny dosing more frequently than 2 caps per day
FORTAMET ER 1,000 MG	METFORMIN ER	Deny dosing more frequently than 2/d
FORTAMET ER 500 MG	METFORMIN ER	Deny dosing more frequently than 5/d
FOSAMAX 10 MG	ALENDRONATE	Deny dosing more frequently than 1/d
FOSAMAX 35 MG	ALENDRONATE	Deny dosing more frequently than 1/wk
FOSAMAX 40 MG	ALENDRONATE	Deny dosing more frequently than 1/d
FOSAMAX 5 MG	ALENDRONATE	Deny dosing more frequently than 1/d
FOSAMAX 70 MG	ALENDRONATE	Deny dosing more frequently than 1/wk
FOSAMAX PLUS D 70 MG/2,800 IU	ALENDRONATE/VITAMIN D3	Deny dosing more frequently than 1/wk
FOSAMAX PLUS D 70 MG/5,600 IU	ALENDRONATE/VITAMIN D3	Deny dosing more frequently than 1/wk
GALAFOLD 123MG CAP	MIGALASTAT	Deny dosing more frequently than 0.5 caps per day
GEMTESA 75 MG TABLET	VIBEGRON	Deny dosing more frequently than 1 tab per day
GILENYA 0.25 MG CAPSULE	FINGOLIMOD	Deny dosing more frequently than 1 cap per day
GILENYA 0.5 MG CAPSULE	FINGOLIMOD	Deny dosing more frequently than 1 cap per day
GLUCOPHAGE XR 500 MG	METFORMIN ER	Deny dosing more frequently than 4/d
GLUCOPHAGE XR 750 MG	METFORMIN ER	Deny dosing more frequently than 2/d
GLUCOTROL XL 10 MG	GLIPIZIDE	Deny dosing more frequently than 2/d
GLUCOTROL XL 2.5 MG	GLIPIZIDE	Deny dosing more frequently than 1/d
GLUCOTROL XL 5 MG	GLIPIZIDE	Deny dosing more frequently than 1/d
GLUCOVANCE 1.25 MG/250 MG	GLYBURIDE/METFORMIN	Deny dosing more frequently than 1/d
GLUCOVANCE 2.5 MG/500 MG	GLYBURIDE/METFORMIN	Deny dosing more frequently than 2/d
GLUCOVANCE 5 MG/500 MG	GLYBURIDE/METFORMIN	Deny dosing more frequently than 4/d
GLUMETZA ER 1,000 MG	METFORMIN ER	Deny dosing more frequently than 2/d
GLUMETZA ER 500 MG	METFORMIN ER	Deny dosing more frequently than 4/d
GLYNASE PRESTAB 1.5 MG	GLYBURIDE, MICRONIZED	Deny dosing more frequently than 1/d
GLYNASE PRESTAB 3 MG	GLYBURIDE, MICRONIZED	Deny dosing more frequently than 1/d
GLYNASE PRESTAB 6 MG	GLYBURIDE, MICRONIZED	Deny dosing more frequently than 2/d
GLYXAMBI 10-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTAN	Deny dosing more frequently than 1 tab per day
GLYXAMBI 25-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTAN	Deny dosing more frequently than 1 tab per day
GOCOVRI ER 137 MG CAPSULE	AMANTADINE HCL	Deny dosing more frequently than 2 caps per day
GOCOVRI ER 68.5 MG CAPSULE	AMANTADINE HCL	Deny dosing more frequently than 1 cap per day
INGREZZA 40 MG CAPSULE	VALBENAZINE	Deny dosing more frequently than 1 cap per day
INGREZZA 60 MG CAPSULE	VALBENAZINE	Deny dosing more frequently than 1 cap per day
INGREZZA 80 MG CAPSULE	VALBENAZINE	Deny dosing more frequently than 1 cap per day
INVEGA 1.5 MG	PALIPERIDONE	Deny dosing more frequently than 1/d
INVEGA 3 MG	PALIPERIDONE	Deny dosing more frequently than 1/d
INVEGA 6 MG	PALIPERIDONE	Deny dosing more frequently than 2/d
INVEGA 9 MG	PALIPERIDONE	Deny dosing more frequently than 1/d
INVOKANA 100MG TABLET	CANAGLIFLOZIN	Deny dosing more frequently than 2 tablets per day
INVOKANA 300MG TABLET	CANAGLIFLOZIN	Deny dosing more frequently than 1 tablet per day
ISTURISA 1 MG TABLET	OSILODROSTAT	Deny dosing more frequently than 8 tabs per day
ISTURISA 10 MG TABLET	OSILODROSTAT	Deny dosing more frequently than 6 tabs per day
ISTURISA 5 MG TABLET	OSILODROSTAT	Deny dosing more frequently than 2 tabs per day
JANUMET 50-1000 MG TABLET	SITAGLIPTAN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JANUMET 50-500 MG TABLET	SITAGLIPTAN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JANUMET XR 100-1000 MG TABLET	SITAGLIPTAN/METFORMIN	Deny dosing more frequently than 1 tab per day
JANUMET XR 50-1000 MG TABLET	SITAGLIPTAN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JANUMET XR 50-500 MG TABLET	SITAGLIPTAN/METFORMIN	Deny dosing more frequently than 1 tab per day
JANUVIA 100 MG TABLET	SITAGLIPTAN	Deny dosing more frequently than 1 tab per day
JANUVIA 25 MG TABLET	SITAGLIPTAN	Deny dosing more frequently than 1 tab per day
JANUVIA 50 MG TABLET	SITAGLIPTAN	Deny dosing more frequently than 1 tab per day
JARDIANC 10MG TABLET	EMPAGLIFLOZIN	Deny dosing more frequently than 2 tablets per day
JARDIANC 25MG TABLET	EMPAGLIFLOZIN	Deny dosing more frequently than 1 tablet per day
JENTADUETO 2.5-1000 MG TAB	LINAGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JENTADUETO 2.5-500 MG TAB	LINAGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JENTADUETO 2.5-850 MG TAB	LINAGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JENTADUETO XR 2.5-1000 MG TAB	LINAGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
JENTADUETO XR 5-1000 MG TAB	LINAGLIPTIN/METFORMIN	Deny dosing more frequently than 1 tab per day
JYNARQUE 15 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
JYNARQUE 15 MG-15 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
JYNARQUE 30 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
JYNARQUE 30 MG-15 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
JYNARQUE 45 MG-15 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

JYNARQUE 60 MG-30 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
JYNARQUE 90 MG-30 MG	TOLVAPTAN	Deny dosing more frequently than 2 tabs per day
KAZANO 12.5-1000 MG TABLETS	ALOGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
KAZANO 12.5-500 MG TABLETS	ALOGLIPTIN/METFORMIN	Deny dosing more frequently than 2 tabs per day
KERENDIA 10 MG TABLET	FINERENONE	Deny dosing more frequently than 1 tab per day
KERENDIA 20 MG TABLET	FINERENONE	Deny dosing more frequently than 1 tab per day
KHEDEZLA ER 100MG	DESVENLAFAXINE	Deny dosing more frequently than 4/d
KHEDEZLA ER 50MG	DESVENLAFAXINE	Deny dosing more frequently than 1/d
KOMBIGLYZE XR 2.5-1000 MG TAB	SAXAGLIPTIN/METORMIN	Deny dosing more frequently than 2 tabs per day
KOMBIGLYZE XR 5-1000 MG TAB	SAXAGLIPTIN/METORMIN	Deny dosing more frequently than 1 tab per day
KOMBIGLYZE XR 5-500 MG TAB	SAXAGLIPTIN/METORMIN	Deny dosing more frequently than 1 tab per day
KYNMOBI 10 MG SL FILM	APOMORPHINE HCL	Deny dosing more frequently than 5 films per day
KYNMOBI 15 MG SL FILM	APOMORPHINE HCL	Deny dosing more frequently than 5 films per day
KYNMOBI 20 MG SL FILM	APOMORPHINE HCL	Deny dosing more frequently than 5 films per day
KYNMOBI 25 MG SL FILM	APOMORPHINE HCL	Deny dosing more frequently than 5 films per day
KYNMOBI 30 MG SL FILM	APOMORPHINE HCL	Deny dosing more frequently than 5 films per day
KYTRIL 1 MG	GRANISETRON	Deny dosing more frequently than 2/d
LATUDA 120 MG	LURASIDONE HCL	Deny dosing more frequently than 1/d
LATUDA 20 MG	LURASIDONE HCL	Deny dosing more frequently than 1/d
LATUDA 40 MG	LURASIDONE HCL	Deny dosing more frequently than 1/d
LATUDA 60 MG	LURASIDONE HCL	Deny dosing more frequently than 1/d
LATUDA 80 MG	LURASIDONE HCL	Deny dosing more frequently than 2/d
LAZANDA 100 MCG NASAL SPRAY	FENTANYL CITRATE NASAL	Deny dosing more frequently than 4 sprays/day
LAZANDA 300 MCG NASAL SPRAY	FENTANYL CITRATE NASAL	Deny dosing more frequently than 4 sprays/day
LAZANDA 400 MCG NASAL SPRAY	FENTANYL CITRATE NASAL	Deny dosing more frequently than 4 sprays/day
LEXAPRO 10 MG	ESCITALOPRAM	Deny dosing more frequently than 1.5/d
LEXAPRO 20 MG	ESCITALOPRAM	Deny dosing more frequently than 1.5/d
LEXAPRO 5 MG	ESCITALOPRAM	Deny dosing more frequently than 2/d
LIALDA DR 1.2 MG TABLET	MESALAMINE	Deny dosing more frequently than 4 tabs per day
LIDOCAINE 3% CREAM	LIDOCAINE	Deny dosing more frequently than 30 grams/30 days
LIDOCAINE 5% OINTMENT	LIDOCAINE	Deny dosing more frequently than 36 grams/30 days
LINZESS 145 MCG CAPSULE	LINACLOTIDE	Deny dosing more frequently than 1 cap per day
LINZESS 290 MCG CAPSULE	LINACLOTIDE	Deny dosing more frequently than 1 cap per day
LINZESS 72 MCG CAPSULE	LINACLOTIDE	Deny dosing more frequently than 1 cap per day
LIPITOR 10 MG	ATORVASTATIN	Deny dosing more frequently than 1/d
LIPITOR 20 MG	ATORVASTATIN	Deny dosing more frequently than 1/d
LIPITOR 40 MG	ATORVASTATIN	Deny dosing more frequently than 1/d
LIPITOR 80 MG	ATORVASTATIN	Deny dosing more frequently than 1/d
LIVALO 1 MG TABLET	PITAVASTATIN CALCIUM	Deny dosing more frequently than 1 tab per day
LIVALO 2 MG TABLET	PITAVASTATIN CALCIUM	Deny dosing more frequently than 1 tab per day
LIVALO 4 MG TABLET	PITAVASTATIN CALCIUM	Deny dosing more frequently than 1 tab per day
LIVMARLI 9.5 MG/ML SOLUTION	MARALIXIBAT	Deny dosing more frequently than 3ml/d
LOPERAMIDE HCL 1 MG/7.5 ML	LOPERAMIDE HCL	Deny dosing more frequently than 120 ml/day
LOPERAMIDE HCL 2 MG CAP	LOPERAMIDE HCL	Deny dosing more frequently than 8/day
LOPERAMIDE HCL 2 MG TAB	LOPERAMIDE HCL	Deny dosing more frequently than 8/day
LOPERAMIDE/SIMETHICONE 2-125MG TAB	LOPERAMIDE/SIMETHICONE	Deny dosing more frequently than 8/day
LOTREL 10 MG/20 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 1/d
LOTREL 10 MG/40 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 1/d
LOTREL 2.5 MG/10 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 1/d
LOTREL 5 MG/10 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 1/d
LOTREL 5 MG/20 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 1/d
LOTREL 5 MG/40 MG	AMLODIPINE/BENAZEPRIL	Deny dosing more frequently than 2/d
LOTRONEX 0.5 MG	ALOSETRON	Deny dosing more frequently than 2/d
LOTRONEX 1 MG	ALOSETRON	Deny dosing more frequently than 2/d
LOVENOX 100 MG/1 ML	ENOXAPARIN	Deny dosing more frequently than 2/d
LOVENOX 120 MG/0.8 ML	ENOXAPARIN	Deny dosing more frequently than 1.6/d
LOVENOX 150 MG/1 ML	ENOXAPARIN	Deny dosing more frequently than 2/d
LOVENOX 30 MG/0.3 ML	ENOXAPARIN	Deny dosing more frequently than 0.6/d
LOVENOX 300 MG/3 ML	ENOXAPARIN	Deny dosing more frequently than 3/d
LOVENOX 40 MG/0.4 ML	ENOXAPARIN	Deny dosing more frequently than 0.8/d
LOVENOX 60 MG/0.6 ML	ENOXAPARIN	Deny dosing more frequently than 1.2/d
LOVENOX 80 MG/0.8 ML	ENOXAPARIN	Deny dosing more frequently than 1.6/d
LUVOX 100 MG	FLUVOXAMINE	Deny dosing more frequently than 3/d
LUVOX 25 MG	FLUVOXAMINE	Deny dosing more frequently than 3/d
LUVOX 50 MG	FLUVOXAMINE	Deny dosing more frequently than 3/d
LUVOX CR 100 MG	FLUVOXAMINE	Deny dosing more frequently than 2/d
LUVOX CR 150 MG	FLUVOXAMINE	Deny dosing more frequently than 2/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

LYBALVI 10-10 MG TABLET	OLANZAPINE/SAMIDORPHAN	Deny dosing more frequently than 1 tab per day
LYBALVI 15-10 MG TABLET	OLANZAPINE/SAMIDORPHAN	Deny dosing more frequently than 1 tab per day
LYBALVI 20-10 MG TABLET	OLANZAPINE/SAMIDORPHAN	Deny dosing more frequently than 1 tab per day
LYBALVI 5-10 MG TABLET	OLANZAPINE/SAMIDORPHAN	Deny dosing more frequently than 1 tab per day
LYRICA 100 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 150 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 20 MG/ML SOLUTION	PREGABALIN	Deny dosing more frequently than 30 ml per day
LYRICA 200 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 225 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 25 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 300 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 2 caps per day
LYRICA 50 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA 75 MG CAPSULE	PREGABALIN	Deny dosing more frequently than 3 caps per day
LYRICA CR 165 MG TABLET	PREGABALIN	Deny dosing more frequently than 1 tab per day
LYRICA CR 330 MG TABLET	PREGABALIN	Deny dosing more frequently than 1 tab per day
LYRICA CR 82.5 MG TABLET	PREGABALIN	Deny dosing more frequently than 1 tab per day
MAVIK 1 MG	TRANDOLAPRIL	Deny dosing more frequently than 2/d
MAVIK 2 MG	TRANDOLAPRIL	Deny dosing more frequently than 2/d
MAVIK 4 MG	TRANDOLAPRIL	Deny dosing more frequently than 2/d
MAYZENT 0.25 MG TABLET	SIPONIMOD	Deny dosing more frequently than 5 tabs per day
MAYZENT 1 MG TABLET	SIPONIMOD	Deny dosing more frequently than 1 tab per day
MAYZENT 2 MG TABLET	SIPONIMOD	Deny dosing more frequently than 1 tab per day
METAGLIP 2.5 MG/250 MG	GLIPIZIDE/METFORMIN	Deny dosing more frequently than 1/d
METAGLIP 2.5 MG/500 MG	GLIPIZIDE/METFORMIN	Deny dosing more frequently than 4/d
METAGLIP 5 MG/500 MG	GLIPIZIDE/METFORMIN	Deny dosing more frequently than 4/d
MICARDIS 20 MG	TELMISARTAN	Deny dosing more frequently than 1/d
MICARDIS 40 MG	TELMISARTAN	Deny dosing more frequently than 1/d
MICARDIS 80 MG	TELMISARTAN	Deny dosing more frequently than 1/d
MICARDIS/HCTZ 40MG/12.5MG	TELMISARTAN/HCTZ	Deny dosing more frequently than 1/d
MICARDIS/HCTZ 80MG/12.5MG	TELMISARTAN/HCTZ	Deny dosing more frequently than 1/d
MICARDIS/HCTZ 80MG/25MG	TELMISARTAN/HCTZ	Deny dosing more frequently than 1/d
MIGRALAN NASAL SPRAY	DIHYDROERGOTAMINE MES	Deny dosing more frequently than 1 pkg (8 ml) every 28 days
MIRAPEX ER 0.375 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 0.75 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 1.5 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 2.25 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 3 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 3.75 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MIRAPEX ER 4.5 MG TABLET	PRAMIPEXOLE	Deny dosing more frequently than 1 tab per day
MOTEGRITY 1 MG TABLET	PRUCALOPRIDE	Deny dosing more frequently than 1 tab per day
MOTEGRITY 2 MG TABLET	PRUCALOPRIDE	Deny dosing more frequently than 1 tab per day
MOVANTIK 12.5 MG TABLET	NALOXEGOL OXALATE	Deny dosing more frequently than 1 tab per day
MOVANTIK 25 MG TABLET	NALOXEGOL OXALATE	Deny dosing more frequently than 1 tab per day
MYCAPSSA DR 20 MG CAPSULE	OCTREOTIDE ACETATE	Deny dosing more frequently than 4 caps per day
MYFEMBREE 40-1-0.5 MG	RELUGOLIX/ESTRADIOL/ NORETHINDR	Deny dosing more frequently than 1 tab per day
MYRBETRIQ ER 25 MG TABLET	MIRABEGRON	Deny dosing more frequently than 1 tab per day
MYRBETRIQ ER 50 MG TABLET	MIRABEGRON	Deny dosing more frequently than 1 tab per day
NESINA 12.5 MG TABLET	ALOGLIPTIN	Deny dosing more frequently than 1 tab per day
NESINA 25 MG TABLET	ALOGLIPTIN	Deny dosing more frequently than 1 tab per day
NESINA 6.25 MG TABLET	ALOGLIPTIN	Deny dosing more frequently than 1 tab per day
NEXIUM 10 MG PACKET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 2.5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 20 MG CAP	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 20 MG PACKET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 20 MG TABLET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 40 MG CAP	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 40 MG PACKET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXIUM 5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
NEXLETOL 180 MG TABLET	BEMPEDOIC ACID	Deny dosing more frequently than 1 tab per day
NEXLIZET 180/10 MG TABLET	BEMPEDOIC ACID & EZETIMIBE	Deny dosing more frequently than 1 tab per day
NIZATIDINE 15 MG/ML SOLN	NIZATIDINE	Deny dosing more frequently than 20ml/d
NORVASC 10 MG	AMLODIPINE	Deny dosing more frequently than 1/d
NORVASC 2.5 MG	AMLODIPINE	Deny dosing more frequently than 1/d
NORVASC 5 MG	AMLODIPINE	Deny dosing more frequently than 2/d
NUCYNTA 100 MG	TAPENTADOL	Deny dosing more frequently than 7/d
NUCYNTA 50 MG	TAPENTADOL	Deny dosing more frequently than 14/d
NUCYNTA 75 MG	TAPENTADOL	Deny dosing more frequently than 9/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

NUCYNTA ER 100 MG	TAPENTADOL	Deny dosing more frequently than 2/d
NUCYNTA ER 150 MG	TAPENTADOL	Deny dosing more frequently than 2/d
NUCYNTA ER 200 MG	TAPENTADOL	Deny dosing more frequently than 2/d
NUCYNTA ER 250 MG	TAPENTADOL	Deny dosing more frequently than 2/d
NUCYNTA ER 50 MG	TAPENTADOL	Deny dosing more frequently than 2/d
NUEDEXTA 20-10 MG CAPSULE	DEXTRMETHORPHAN HBR/ QUINIDINE SULFATE	Deny dosing more frequently than 2 caps per day
OLUMIANT 1 MG TABLET	BARICITINIB	Deny dosing more frequently than 1 tab per day
OLUMIANT 2 MG TABLET	BARICITINIB	Deny dosing more frequently than 1 tab per day
OLUMIANT 4 MG TABLET	BARICITINIB	Deny dosing more frequently than 1 tab per day
OMEPRAZOLE 20 MG CAP	OMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 2/d
OMEPRAZOLE 20 MG ODT	OMEPRAZOLE	Deny dosing more frequently than 2/d
OMEPRAZOLE 20 MG TAB	OMEPRAZOLE	Deny dosing more frequently than 2/d
OMNIPOD 5 G6 PODS (GEN 5) 5PK	INSULIN PUMP - TUBELESS	Deny dosing more frequently than 10 pods every 25 days
OMNIPOD 5 PACK POD	INSULIN PUMP - TUBELESS	Deny dosing more frequently than 10 pods every 25 days
OMNIPOD DASH 5 PACK POD	INSULIN PUMP - TUBELESS	Deny dosing more frequently than 10 pods every 25 days
ONGLYZA 2.5 MG TABLET	SAXAGLIPTIN	Deny dosing more frequently than 1 tab per day
ONGLYZA 5 MG TABLET	SAXAGLIPTIN	Deny dosing more frequently than 1 tab per day
OPZELURA 1.5% CRM	RUXOLITINIB PHOSPHATE	Deny dosing more frequently than 60 gm (1 tube) every 25 days
ORIAHNN 300-1-0.5MG/300MG	ELAGOLIX/ESTRADOL/ NORETHINDRN	Deny dosing more frequently than 2 caps per day
ORILISSA 150MG TAB	ELAGOLIX	Deny dosing more frequently than 1 tablet per day
ORILISSA 200MG TAB	ELAGOLIX	Deny dosing more frequently than 2 tablets per day
ORLADEYO 110 MG CAPSULE	BEROTRALSTAT HCL	Deny dosing more frequently than 1 cap per day
ORLADEYO 150 MG CAPSULE	BEROTRALSTAT HCL	Deny dosing more frequently than 1 cap per day
ORTIKOS ER 6 MG CAPSULE	BUDESONIDE	Deny dosing more frequently than 1 cap per day
ORTIKOS ER 9 MG CAPSULE	BUDESONIDE	Deny dosing more frequently than 1 cap per day
OSENI 12.5-15 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSENI 12.5-30 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSENI 12.5-45 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSENI 25-15 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSENI 25-30 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSENI 25-45 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	Deny dosing more frequently than 1 tab per day
OSMOLEX ER 129 MG TABLET	AMANTADINE HCL	Deny dosing more frequently than 1 tab per day
OSMOLEX ER 193 MG TABLET	AMANTADINE HCL	Deny dosing more frequently than 1 tab per day
OSMOLEX ER 258 MG TABLET	AMANTADINE HCL	Deny dosing more frequently than 1 tab per day
OSMOLEX ER 322 MG TABLET	AMANTADINE HCL	Deny dosing more frequently than 1 tab per day
OXBRYTA 500MG TAB	VOXELOTOR	Deny dosing more frequently than 3 tabs per day
OXYCONTIN 10 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 15 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 20 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 30 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 40 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 60 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYCONTIN 80 MG	OXYCODONE	Deny dosing more frequently than 3/d
OXYTROL 3.9 MG/24HR PATCH	OXYBUTYNIN	Deny dosing more frequently than 8 patches per 28 days
OXYTROL FOR WOMEN 3.9 MG/24HR	OXYBUTYNIN	Deny dosing more frequently than 8 patches per 28 days
OZEMPI 0.25-0.5 MG DOSE PEN	SEMAGLUTIDE	Deny dosing more frequently than 1.5 mL per 28 days
OZEMPI 1 MG DOSE PEN (2 MG/1.5 ML)	SEMAGLUTIDE	Deny dosing more frequently than 3 mL per 28 days
OZEMPI 1 MG DOSE PEN (4 MG/3 ML)	SEMAGLUTIDE	Deny dosing more frequently than 3 mL per 28 days
PALYNZIQ 10 MG/0.5 ML SYRINGE	PEGVALIASE-PQPZ	Deny dosing more frequently than 1.5 ml per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	PEGVALIASE-PQPZ	Deny dosing more frequently than 1.5 ml per day
PALYNZIQ 20 MG/ML SYRINGE	PEGVALIASE-PQPZ	Deny dosing more frequently than 3 ml per day
PASER GRANULES 4 GM PACKET	AMINOSALICYLIC ACIT	Deny dosing more frequently than 3 packets per day
PAXIL 10 MG	PAROXETINE HCL	Deny dosing more frequently than 1/d
PAXIL 10MG/5ML	PAROXETINE HCL	Deny dosing more frequently than 30ml/d
PAXIL 20 MG	PAROXETINE HCL	Deny dosing more frequently than 2/d
PAXIL 30 MG	PAROXETINE HCL	Deny dosing more frequently than 2/d
PAXIL 40 MG	PAROXETINE HCL	Deny dosing more frequently than 1.5/d
PAXIL CR 12.5 MG	PAROXETINE HCL	Deny dosing more frequently than 1/d
PAXIL CR 25 MG	PAROXETINE HCL	Deny dosing more frequently than 2/d
PAXIL CR 37.5 MG	PAROXETINE HCL	Deny dosing more frequently than 2/d
PENTASA 250 MG CAPSULE	MESALAMINE	Deny dosing more frequently than 8 caps per day
PENTASA 500 MG CAPSULE	MESALAMINE	Deny dosing more frequently than 8 caps per day
PEPCID 20 MG	FAMOTIDINE	Deny dosing more frequently than 2/d
PEPCID 40 MG	FAMOTIDINE	Deny dosing more frequently than 2/d
PEPCID 40 MG/5 ML SUSP	FAMOTIDINE	Deny dosing more frequently than 10ml/d
PEPCID AC 10 MG	FAMOTIDINE	Deny dosing more frequently than 2/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

PEPCID COMPLETE 10-800-165	FAMOTIDINE/CALCIUM/MAG	Deny dosing more frequently than 2/d
PERSANTINE 25 MG	DIPYRIDAMOLE	Deny dosing more frequently than 4/d
PERSANTINE 50 MG	DIPYRIDAMOLE	Deny dosing more frequently than 4/d
PERSANTINE 75 MG	DIPYRIDAMOLE	Deny dosing more frequently than 4/d
PEXEVA 10 MG	PAROXETINE MESYLATE	Deny dosing more frequently than 1/d
PEXEVA 20 MG	PAROXETINE MESYLATE	Deny dosing more frequently than 1/d
PEXEVA 30 MG	PAROXETINE MESYLATE	Deny dosing more frequently than 2/d
PEXEVA 40 MG	PAROXETINE MESYLATE	Deny dosing more frequently than 1/d
PLAVIX 75 MG	CLOPIDOGREL	Deny dosing more frequently than 1/d
PLETAL 100 MG	CILOSTAZOL	Deny dosing more frequently than 2/d
PLETAL 50 MG	CILOSTAZOL	Deny dosing more frequently than 2/d
PONVORY 20 MG TABLET	PONESIMOD	Deny dosing more frequently than 1 tab per day
PRADAXA 110 MG	DABIGATRAN	Deny dosing more frequently than 2/d
PRADAXA 150 MG	DABIGATRAN	Deny dosing more frequently than 2/d
PRADAXA 75 MG	DABIGATRAN	Deny dosing more frequently than 2/d
PRANDIN 0.5 MG	REPAGLINIDE	Deny dosing more frequently than 4/d
PRANDIN 1 MG	REPAGLINIDE	Deny dosing more frequently than 4/d
PRANDIN 2 MG	REPAGLINIDE	Deny dosing more frequently than 8/d
PRAVACHOL 10 MG	PRAVASTATIN	Deny dosing more frequently than 1/d
PRAVACHOL 20 MG	PRAVASTATIN	Deny dosing more frequently than 1/d
PRAVACHOL 40 MG	PRAVASTATIN	Deny dosing more frequently than 1/d
PRAVACHOL 80 MG	PRAVASTATIN	Deny dosing more frequently than 1/d
PREVACID 15 MG	LANSOPRAZOLE	Deny dosing more frequently than 2/d
PREVACID 15 MG SOLUTAB	LANSOPRAZOLE	Deny dosing more frequently than 2/d
PREVACID 30 MG	LANSOPRAZOLE	Deny dosing more frequently than 2/d
PREVACID 30 MG SOLUTAB	LANSOPRAZOLE	Deny dosing more frequently than 2/d
PRILOSEC 10 MG	OMEPRAZOLE	Deny dosing more frequently than 2/d
PRILOSEC 10 MG SUSP PACKET	OMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 4/d
PRILOSEC 2.5 MG SUSP PACKET	OMEPRAZOLE MAGNESIUM	Deny dosing more frequently than 4/d
PRILOSEC 20 MG	OMEPRAZOLE	Deny dosing more frequently than 2/d
PRILOSEC 20 MG OTC	OMEPRAZOLE	Deny dosing more frequently than 2/d
PRILOSEC 40 MG	OMEPRAZOLE	Deny dosing more frequently than 2/d
PRISTIQ 100MG	DESVENLAFAZINE SUC	Deny dosing more frequently than 4/d
PRISTIQ 25MG	DESVENLAFAZINE SUC	Deny dosing more frequently than 1/d
PRISTIQ 50MG	DESVENLAFAZINE SUC	Deny dosing more frequently than 1/d
PROSCAR 5 MG TABLET	FINASTERIDE	Deny dosing more frequently than 1 tab per day
PROTONIX 20 MG	PANTOPRAZOLE SODIUM	Deny dosing more frequently than 2/d
PROTONIX 40 MG	PANTOPRAZOLE SODIUM	Deny dosing more frequently than 2/d
PROTONIX 40 MG SUSP PACKET	PANTOPRAZOLE SODIUM	Deny dosing more frequently than 2/d
PROZAC WEEKLY 90 MG	FLUOXETINE HCL	Deny dosing more frequently than 1/wk
PRUDOXIN 5% CREAM	DOXEPIH HCL	Deny dosing more frequently than 45 grams/30 days
PYRUKYND 20 MG TAB	MITAPIVAT SULFATE	Deny dosing more frequently than 2 tabs per day
PYRUKYND 20/5 MG TAPER PACK	MITAPIVAT SULFATE	Deny dosing more frequently than 2 tabs per day
PYRUKYND 5 MG TAB	MITAPIVAT SULFATE	Deny dosing more frequently than 2 tabs per day
PYRUKYND 50 MG TAB	MITAPIVAT SULFATE	Deny dosing more frequently than 2 tabs per day
PYRUKYND 50/20 MG TAPER PACK	MITAPIVAT SULFATE	Deny dosing more frequently than 2 tabs per day
QDOLO 5 MG/ML SOLUTION	TRAMADOL	Deny dosing more frequently than 80 ml/d
QTERN 10-5 MG TAB	DAPAGLIFLOZIN/SAXAGLIPTIN	Deny dosing more frequently than 1 tab per day
QTERN 5-5 MG TAB	DAPAGLIFLOZIN/SAXAGLIPTIN	Deny dosing more frequently than 1 tab per day
QUILIPTA 10 MG TAB	ATOGEPANT	Deny dosing more frequently than 1 tab per day
QUILIPTA 30 MG TAB	ATOGEPANT	Deny dosing more frequently than 1 tab per day
QUILIPTA 60 MG TAB	ATOGEPANT	Deny dosing more frequently than 1 tab per day
RAPAFLO 4 MG CAPSULE	SILODOSIN	Deny dosing more frequently than 1 cap per day
RAPAFLO 8 MG CAPSULE	SILODOSIN	Deny dosing more frequently than 1 cap per day
RELAFEN 500 MG	NABUMETONE	Deny dosing more frequently than 4/d
RELAFEN 750 MG	NABUMETONE	Deny dosing more frequently than 2/d
RELAFEN DS 1,000 MG	NABUMETONE	Deny dosing more frequently than 2/d
RELISTOR 150 MG TABLET	METHYLNALTREXONE	Deny dosing more frequently than 3 tabs daily
REMERON 15 MG	MIRTAZAPINE	Deny dosing more frequently than 2/d
REMERON 30 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REMERON 45 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REMERON 7.5 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REMERON SOLTAB 15 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REMERON SOLTAB 30 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REMERON SOLTAB 45 MG	MIRTAZAPINE	Deny dosing more frequently than 1/d
REQUIP XL 12 MG TABLET	ROPINIROLE HYDROCHLORIDE	Deny dosing more frequently than 2 tabs per day
REQUIP XL 2 MG TABLET	ROPINIROLE HYDROCHLORIDE	Deny dosing more frequently than 1 tab per day

REQUIP XL 4 MG TABLET	ROPINIROLE HYDROCHLORIDE	Deny dosing more frequently than 1 tab per day
REQUIP XL 6 MG TABLET	ROPINIROLE HYDROCHLORIDE	Deny dosing more frequently than 1 tab per day
REQUIP XL 8 MG TABLET	ROPINIROLE HYDROCHLORIDE	Deny dosing more frequently than 2 tabs per day
REVIA 50MG TABLET	NALTREXONE HCL	Deny dosing more frequently than 1/day
RINVOQ ER 15 MG TABLET	UPADACITINIB	Deny dosing more frequently than 1 tab per day
RIOMET ER 500 MG/5 ML SUSP	METFORMIN ER	Deny dosing more frequently than 20 ml/d
ROZLYTREK 100MG CAP	ENTRECTINIB	Deny dosing more frequently than 1 caps per day
ROZLYTREK 200MG CAP	ENTRECTINIB	Deny dosing more frequently than 3 caps per day
RYBELSUS 14 MG TABLET	SEMAGLUTIDE	Deny dosing more frequently than 1 tab per day
RYBELSUS 3 MG TABLET	SEMAGLUTIDE	Deny dosing more frequently than 1 tab per day
RYBELSUS 7 MG TABLET	SEMAGLUTIDE	Deny dosing more frequently than 1 tab per day
RYZOLT ER 100 MG	TRAMADOL	Deny dosing more frequently than 1/d
RYZOLT ER 200 MG	TRAMADOL	Deny dosing more frequently than 1/d
RYZOLT ER 300 MG	TRAMADOL	Deny dosing more frequently than 1/d
SANCTURA 20 MG TABLET	TROSPiUM	Deny dosing more frequently than 3 tabs per day
SANCTURA XR 60 MG CAPSULE	TROSPiUM	Deny dosing more frequently than 1 cap per day
SAPHRIS 10 MG	ASENAPINE MALEATE	Deny dosing more frequently than 2/d
SAPHRIS 2.5 MG	ASENAPINE MALEATE	Deny dosing more frequently than 2/d
SAPHRIS 5 MG	ASENAPINE MALEATE	Deny dosing more frequently than 2/d
SAVELLA 100 MG TABLET	MILNACIPRAN	Deny dosing more frequently than 2 tabs per day
SAVELLA 12.5 MG TABLET	MILNACIPRAN	Deny dosing more frequently than 2 tabs per day
SAVELLA 25 MG TABLET	MILNACIPRAN	Deny dosing more frequently than 2 tabs per day
SAVELLA 50 MG TABLET	MILNACIPRAN	Deny dosing more frequently than 2 tabs per day
SECUADO 3.8MG/24HR PATCH	ASENAPINE	Deny dosing more frequently than 1 patch per day
SECUADO 5.7MG/24HR PATCH	ASENAPINE	Deny dosing more frequently than 1 patch per day
SECUADO 7.6MG/24HR PATCH	ASENAPINE	Deny dosing more frequently than 1 patch per day
SEROSTIM 4 MG VIAL	SOMATROPiN	Deny dosing more frequently than 1 unit per day
SEROSTIM 5 MG VIAL	SOMATROPiN	Deny dosing more frequently than 1 unit per day
SEROSTIM 6 MG VIAL	SOMATROPiN	Deny dosing more frequently than 1 unit per day
SINGULAIR 10 MG	MONTELUKAST	Deny dosing more frequently than 1/d
SINGULAIR 4 MG CHEW	MONTELUKAST	Deny dosing more frequently than 1/d
SINGULAIR 4 MG GRANULES	MONTELUKAST	Deny dosing more frequently than 1/d
SINGULAIR 5 MG CHEW	MONTELUKAST	Deny dosing more frequently than 1/d
STARLIX 120 MG	NATEGLiNIDE	Deny dosing more frequently than 3/d
STARLIX 60 MG	NATEGLiNIDE	Deny dosing more frequently than 3/d
STEGLATRO 15MG TABLET	ERTUGLIFLOZiN	Deny dosing more frequently than 1 tablet per day
STEGLATRO 5MG TABLET	ERTUGLIFLOZiN	Deny dosing more frequently than 2 tablets per day
STEGLUJAN 15-100 MG TAB	ERTUGLIFLOZiN/SiTAGLiPTiN	Deny dosing more frequently than 1 tab per day
STEGLUJAN 5-100 MG TAB	ERTUGLIFLOZiN/SiTAGLiPTiN	Deny dosing more frequently than 1 tab per day
SUBOXONE 12MG-3MG SL FILM	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 2/day
SUBOXONE 2MG-0.5MG SL FILM	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 12/day
SUBOXONE 2MG-0.5MG SL TAB	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 12/day
SUBOXONE 4MG-1MG SL FILM	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 6/day
SUBOXONE 8MG-2MG SL FILM	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 3/day
SUBOXONE 8MG-2MG SL TAB	BUPRENOiRPHiNE HCL/ NALOXONE	Deny dosing more frequently than 3/day
SUBSYS 100 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 1200 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 1600 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 200 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 400 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 600 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBSYS 800 MCG SL SPRAY	FENTANYL SL SPRAY	Deny dosing more frequently than 4 sprays/day
SUBUTEX 2 MG SL TAB	BUPRENOiRPHiNE HCL	Deny dosing more frequently than 12/day
SUBUTEX 8MG SL TAB	BUPRENOiRPHiNE HCL	Deny dosing more frequently than 3/day
SULAR 17 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SULAR 20 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SULAR 25.5 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SULAR 30 MG	NiSOLDiPiNE	Deny dosing more frequently than 2/d
SULAR 34 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SULAR 40 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SULAR 8.5 MG	NiSOLDiPiNE	Deny dosing more frequently than 1/d
SYMPROiC 0.2 MG TABLET	NALDEMEDiNE	Deny dosing more frequently than 1 tab daily

TAGAMET 200 MG	CIMETIDINE	Deny dosing more frequently than 2/d
TAGAMET 300 MG	CIMETIDINE	Deny dosing more frequently than 2/d
TAGAMET 400 MG	CIMETIDINE	Deny dosing more frequently than 2/d
TAGAMET 800 MG	CIMETIDINE	Deny dosing more frequently than 3/d
TARKA 1 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	Deny dosing more frequently than 2/d
TARKA 2 MG/180 MG	TRANDOLAPRIL/VERAPAMIL	Deny dosing more frequently than 2/d
TARKA 2 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	Deny dosing more frequently than 2/d
TARKA 4 MG/240 MG	TRANDOLAPRIL/VERAPAMIL	Deny dosing more frequently than 1/d
TECFIDERA DR 120 MG CAPSULE	DIMETHYL FUMARATE	Deny dosing more frequently than 2 caps per day
TECFIDERA DR 240 MG CAPSULE	DIMETHYL FUMARATE	Deny dosing more frequently than 2 caps per day
TEGSEDI 284MG/1.5ML SYR	INOTERSEN	Deny dosing more frequently than 1 syr (1.5ml) per 7 days
THORAZINE 10 MG TABLET	CHLORPROMAZINE HCL	Deny dosing more frequently than 4 tabs per day
THORAZINE 100 MG TABLET	CHLORPROMAZINE HCL	Deny dosing more frequently than 8 tabs per day
THORAZINE 200 MG TABLET	CHLORPROMAZINE HCL	Deny dosing more frequently than 8 tabs per day
THORAZINE 25 MG TABLET	CHLORPROMAZINE HCL	Deny dosing more frequently than 4 tabs per day
THORAZINE 50 MG TABLET	CHLORPROMAZINE HCL	Deny dosing more frequently than 4 tabs per day
TOVIAZ ER 4 MG TABLET	FESOTERODINE	Deny dosing more frequently than 1 tab per day
TOVIAZ ER 8 MG TABLET	FESOTERODINE	Deny dosing more frequently than 1 tab per day
TRADJENTA 5 MG TABLET	LINAGLIPTAN	Deny dosing more frequently than 1 tab per day
TRAMADOL_100 MG TABLET	TRAMADOL	Deny dosing more frequently than 4/d
TRAMADOL 150 MG ER	TRAMADOL CPBP 75-25	Deny dosing more frequently than 1/d
TRIBENZOR 10/40/12.5 MG	AMLODIPINE/OLMESARTAN/ HCTZ	Deny dosing more frequently than 1/d
TRIBENZOR 10/40/25 MG	AMLODIPINE/OLMESARTAN/ HCTZ	Deny dosing more frequently than 1/d
TRIBENZOR 5/ 20/12.5 MG	AMLODIPINE/OLMESARTAN/ HCTZ	Deny dosing more frequently than 1/d
TRIBENZOR 5/40/12.5 MG	AMLODIPINE/OLMESARTAN/ HCTZ	Deny dosing more frequently than 1/d
TRIBENZOR 5/40/25 MG	AMLODIPINE/OLMESARTAN/ HCTZ	Deny dosing more frequently than 1/d
TRIKAFTA 100/50/75 MG-150 MG	ELEXACAFTOR/TEZACAFTOR/ IVACAFT	Deny dosing more frequently than 3 tabs per day
TRIKAFTA 50/25/37.5 MG-75 MG	ELEXACAFTOR/TEZACAFTOR/ IVACAFT	Deny dosing more frequently than 3 tabs per day
TRUDHESA NASAL SPRAY	DIHYDROERGOTAMINE MES	Deny dosing more frequently than 1 pkg (4 ml) every 28 days
TRULANCE 3 MG TABLET	PLECANATIDE	Deny dosing more frequently than 1 tab daily
TWYNSTA 40-10 MG	TELMISARTAN/AMLODIPINE	Deny dosing more frequently than 1/d
TWYNSTA 40-5 MG	TELMISARTAN/AMLODIPINE	Deny dosing more frequently than 1/d
TWYNSTA 80-10 MG	TELMISARTAN/AMLODIPINE	Deny dosing more frequently than 1/d
TWYNSTA 80-5 MG	TELMISARTAN/AMLODIPINE	Deny dosing more frequently than 1/d
UCERIS 9 MG ER TABLET	BUDESONIDE	Deny dosing more frequently than 1 tab per day
ULORIC 40MG TABLET	FEBUXOSTAT	Deny dosing more frequently than 1 tab per day
ULORIC 80 MG TABLET	FEBUXOSTAT	Deny dosing more frequently than 1 tab per day
ULTRACET 37.5 MG/325 MG	TRAMADOL/APAP	Deny dosing more frequently than 8/d
ULTRAM 50 MG	TRAMADOL	Deny dosing more frequently than 8/d
ULTRAM ER 100 MG	TRAMADOL	Deny dosing more frequently than 1/d
ULTRAM ER 200 MG	TRAMADOL	Deny dosing more frequently than 1/d
ULTRAM ER 300 MG	TRAMADOL	Deny dosing more frequently than 1/d
UNIRETIC 15 MG/12.5 MG	MOEXIPRIL/HCTZ	Deny dosing more frequently than 2/d
UNIRETIC 15 MG/25 MG	MOEXIPRIL/HCTZ	Deny dosing more frequently than 2/d
UNIRETIC 7.5 MG/12.5 MG	MOEXIPRIL/HCTZ	Deny dosing more frequently than 1/d
UNIVASC 15 MG	MOEXIPRIL	Deny dosing more frequently than 2/d
UNIVASC 7.5 MG	MOEXIPRIL	Deny dosing more frequently than 1/d
UROGESIC-BLUE TABLET	METHENAMINE/SODIUM ACID PHOSPHATE/ METHYLENE BLUE/ HYOSCYAMINE	Deny dosing more frequently than 4 tabs per day
UROXATRAL 10 MG TABLET	ALFUZOSIN	Deny dosing more frequently than 1 tab per day
VENLAFAXINE BES ER 112.5 MG TAB	VENLAFAXINE BESYLATE	Deny dosing more frequently than 1/d
VENLAFAXINE ER 150 MG TAB	VENLAFAXINE HCL	Deny dosing more frequently than 1/d
VENLAFAXINE ER 225 MG TAB	VENLAFAXINE HCL	Deny dosing more frequently than 1/d
VENLAFAXINE ER 37.5 MG TAB	VENLAFAXINE HCL	Deny dosing more frequently than 1/d
VENLAFAXINE ER 75 MG TAB	VENLAFAXINE HCL	Deny dosing more frequently than 1/d
VERQUVO 10 MG TAB	VERICIGUAT	Deny dosing more frequently than 1 tab per day
VERQUVO 2.5 MG TAB	VERICIGUAT	Deny dosing more frequently than 1 tab per day
VERQUVO 5 MG TAB	VERICIGUAT	Deny dosing more frequently than 1 tab per day
VESICARE 10 MG TABLET	SOLIFENACIN	Deny dosing more frequently than 1 tab per day
VESICARE 5 MG TABLET	SOLIFENACIN	Deny dosing more frequently than 1 tab per day

VESICARE LS 5 MG/5 ML SUSP	SOLIFENACIN	Deny dosing more frequently than 10 ml per day
VIBERZI 100 MG TABLET ORAL	ELUXADOLINE	Deny dosing more frequently than 2 tabs daily
VIBERZI 75 MG TABLET ORAL	ELUXADOLINE	Deny dosing more frequently than 3 tabs daily
VOLTAREN 1% GEL	DICLOFENAC SODIUM	Deny dosing more frequently than 17 grams/day
VOXZOGO 0.4 MG VIAL	VOSORITIDE	Deny dosing more frequently than 1 ml per day
VOXZOGO 0.56 MG VIAL	VOSORITIDE	Deny dosing more frequently than 1 ml per day
VOXZOGO 1.2 MG VIAL	VOSORITIDE	Deny dosing more frequently than 1 ml per day
VUMERTY DR 231 MG CAPSULE	DIROXIMEL FUMARATE	Deny dosing more frequently than 4 caps per day
VYNDAMAX 61MG CAPSULE	TAFAMIDIS	Deny dosing more frequently than 1 cap per day
VYndaQEL 20MG CAPSULE	TAFAMIDIS MEGLUMINE	Deny dosing more frequently than 4 caps per day
XARELTO 10 MG	RIVAROXABAN	Deny dosing more frequently than 1/d
XARELTO 15 MG	RIVAROXABAN	Deny dosing more frequently than 2/d
XARELTO 2.5 MG	RIVAROXABAN	Deny dosing more frequently than 2/d
XARELTO 20 MG	RIVAROXABAN	Deny dosing more frequently than 1/d
XELJANZ 1 MG/ML SOLN	TOFACITINIB	Deny dosing more frequently than 10 ml per day
XELJANZ 10 MG TABLET	TOFACITINIB	Deny dosing more frequently than 2 tabs per day
XELJANZ 5 MG TABLET	TOFACITINIB	Deny dosing more frequently than 2 tabs per day
XELJANZ XR 11 MG TABLET	TOFACITINIB	Deny dosing more frequently than 1 tab per day
XELJANZ XR 22 MG TABLET	TOFACITINIB	Deny dosing more frequently than 1 tab per day
XENAZINE 12.5 MG TABLET	TETRABENAZINE	Deny dosing more frequently than 4 tabs per day
XENAZINE 25 MG TABLET	TETRABENAZINE	Deny dosing more frequently than 2 tabs per day
ZANTAC 15 MG/ML SYRUP	RANITIDINE	Deny dosing more frequently than 40ml/d
ZANTAC 150 MG CAP	RANITIDINE	Deny dosing more frequently than 2/d
ZANTAC 150 MG TAB	RANITIDINE	Deny dosing more frequently than 2/d
ZANTAC 300 MG CAP	RANITIDINE	Deny dosing more frequently than 2/d
ZANTAC 300 MG TAB	RANITIDINE	Deny dosing more frequently than 2/d
ZANTAC 75 MG TAB	RANITIDINE	Deny dosing more frequently than 2/d
ZEGERID 20 MG CAPSULE	OMEPRAZOLE /SOD BICARBONATE	Deny dosing more frequently than 1/d
ZEGERID 20 MG PACKET	OMEPRAZOLE /SOD BICARBONATE	Deny dosing more frequently than 1/d
ZEGERID 40 MG CAPSULE	OMEPRAZOLE /SOD BICARBONATE	Deny dosing more frequently than 1/d
ZEGERID 40 MG PACKET	OMEPRAZOLE /SOD BICARBONATE	Deny dosing more frequently than 1/d
ZELNORM 6 MG TABLET	TEGASEROD	Deny dosing more frequently than 2 caps per day
ZEPOSIA 0.92 MG CAP	OZANIMOD HCL	Deny dosing more frequently than 1 cap per day
ZESTORETIC 10 MG/12.5 MG	LISINOPRIL/HCTZ	Deny dosing more frequently than 1/d
ZESTORETIC 20 MG/12.5 MG	LISINOPRIL/HCTZ	Deny dosing more frequently than 4/d
ZESTORETIC 20 MG/25 MG	LISINOPRIL/HCTZ	Deny dosing more frequently than 2/d
ZETIA 10 MG TABLET	EZETIMIBE	Deny dosing more frequently than 1 tab per day
ZOFRAN 24 MG	ONDANSETRON	Deny dosing more frequently than 1/d
ZOLOFT 100 MG	SERTRALINE	Deny dosing more frequently than 2/d
ZOLOFT 20 MG/ML	SERTRALINE	Deny dosing more frequently than 10ml/d
ZOLOFT 25 MG	SERTRALINE	Deny dosing more frequently than 3/d
ZOLOFT 50 MG	SERTRALINE	Deny dosing more frequently than 3/d
ZORBTIVE 8.8 MG VIAL	SOMATROPIN	Deny dosing more frequently than 1 unit per day
ZOVIRAX 5% CREAM	ACYCLOVIR	Deny dosing more frequently than 5g/14d per claim and a total of 10g/28d
ZUBSOLV 0.7-0.18MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 24/day
ZUBSOLV 1.4-0.36MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 12/day
ZUBSOLV 11.4-2.9MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 1/day
ZUBSOLV 2.9-0.71MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 6/day
ZUBSOLV 5.7-1.4MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 3/day
ZUBSOLV 8.6-2.1MG SL TAB	BUPRENORPHINE HCL/ NALOXONE	Deny dosing more frequently than 2/day
ZUPLENZ 4MG	ONDANSETRON	Deny dosing more frequently than 3/d
ZUPLENZ 8MG	ONDANSETRON	Deny dosing more frequently than 3/d
ZYFLO 600 MG TABLET	ZILEUTON	Deny dosing more frequently than 4/d
ZYFLO CR 600 MG TABLET	ZILEUTON	Deny dosing more frequently than 4/d
ZYRTEC 1 MG/ML	CETIRIZINE	Deny dosing more frequently than 10ml/d
ZYRTEC 10 MG CHEWABLE	CETIRIZINE	Deny dosing more frequently than 1/d
ZYRTEC 10 MG LIQUI-GEL	CETIRIZINE	Deny dosing more frequently than 1/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.

ZYRTEC 10 MG ODT	CETIRIZINE	Deny dosing more frequently than 1/d
ZYRTEC 10 MG TAB	CETIRIZINE	Deny dosing more frequently than 1/d
ZYRTEC 5 MG CHEWABLE	CETIRIZINE	Deny dosing more frequently than 1/d
ZYRTEC 5 MG TAB	CETIRIZINE	Deny dosing more frequently than 1/d
ZYRTEC 5 MG/5 ML	CETIRIZINE	Deny dosing more frequently than 10ml/d

SmartPA Fiscal Proposal Form

© 2022 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.