

ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Celexa TABS
- Effexor Xr CP24 150MG, 37.5MG, 75MG
- Paxil TABS
- Paxil Cr
- Pristiq
- Prozac CAPS
- Sertraline Hydrochloride CAPS
- Wellbutrin Sr
- Wellbutrin XL
- Zoloft TABS

Details

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| Criteria | A documented trial of one month each of two of the following: formulary generic antidepressants, Fetzima (levomilnacipran), Trintellix (vortioxetine). |
|-----------------|--|

ARB - ARB COMBOS

Products Affected

- Atacand
- Atacand Hct
- Avalide
- Avapro
- Azor
- Benicar
- Benicar Hct
- Cozaar
- Diovan TABS
- Diovan Hct
- Exforge
- Exforge Hct
- Hyzaar
- Micardis
- Micardis Hct
- Tribenzor

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month each of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products. |
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ATOPIC DERMATITIS

Products Affected

- Elidel
- Eucrisa

Details

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| Criteria | A documented trial of one month of one of the following: DesRx (desonide), Tritocin (triamcinolone), generic topical corticosteroid, or generic topical tacrolimus. |
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AUVI-Q

Products Affected

- Auvi-q INJ 0.15MG/0.15ML,
0.3MG/0.3ML

Details

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|-----------------|---|
| Criteria | A documented trial of one day of EpiPen (epinephrine injection) OR formulary generic epinephrine. |
|-----------------|---|

DOXYCYCLINE

Products Affected

- Doryx Mpc

Details

| Criteria | A documented trial of one month of a formulary generic doxycycline. |
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DPP4 PRODUCTS

Products Affected

- Alogliptin
- Alogliptin/metformin Hcl
- Alogliptin/metformin Hydrochloride
- Alogliptin/pioglitazone TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG
- Kazano
- Kombiglyze Xr
- Nesina
- Onglyza
- Oseni TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG
- Saxagliptin Hydrochloride
- Saxagliptin Hydrochloride/metformin Hydrochloride Er
- Sitagliptin
- Sitagliptin/metformin Hydrochloride
- Zituvio

Details

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|-----------------|--|
| Criteria | A documented trial of one month each of sitagliptin (Januvia [sitagliptin], Janumet [sitagliptin/metformin hydrochloride], or Janumet XR [sitagliptin/metformin hydrochloride extended-release]) AND linagliptin (Tradjenta [linagliptin], Jentadueto [linagliptin/metformin hydrochloride], or Jentadueto XR [linagliptin/metformin hydrochloride extended-release]). |
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GOUT

Products Affected

- Febuxostat
- Uloric

Details

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| Criteria | Coverage will be provided if oral allopurinol has been tried (at least a 30-day supply). |
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HYPERLIPIDEMIA

Products Affected

- Altoprev TB24 20MG, 40MG, 60MG
- Atorvaliq
- Crestor
- Ezallor Sprinkle
- Flolipid
- Lescol XL
- Lipitor
- Livalo
- Roszet
- Vytorin
- Zocor TABS 10MG, 20MG, 40MG
- Zypitamag TABS 2MG, 4MG

Details

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|-----------------|--|
| Criteria | A documented trial of one month each of two of the following: formulary generic HMG CoA Reductase Inhibitors (statins) or formulary generic ezetimibe/simvastatin. |
|-----------------|--|

INSULINS

Products Affected

- Apidra
- Apidra Solostar
- Humalog
- Humalog Junior Kwikpen
- Humalog Kwikpen
- Humalog MIX 50/50 Kwikpen
- Humalog MIX 75/25
- Humalog MIX 75/25 Kwikpen
- Humalog Tempo Pen
- Humulin 70/30 INJ 30UNIT/ML; 70UNIT/ML
- Humulin 70/30 Kwikpen
- Humulin N
- Humulin N Kwikpen
- Humulin R
- Insulin Aspart
- Insulin Aspart Flexpen
- Insulin Aspart Penfill
- Insulin Aspart Protamine/insulin Aspart
- Insulin Aspart Protamine/insulin Aspart Flexpen
- Insulin Lispro
- Insulin Lispro Junior Kwikpen
- Insulin Lispro Kwikpen
- Insulin Lispro Protamine/insulin Lispro Kwikpen
- Lyumjev
- Lyumjev Kwikpen
- Lyumjev Tempo Pen
- Myxredlin
- Novolin 70/30 Flexpen Relion
- Novolin 70/30 Relion
- Novolin N Flexpen Relion
- Novolin N Relion
- Novolin R Flexpen Relion
- Novolin R Relion
- Novolog Flexpen Relion
- Novolog MIX 70/30 Prefilled Flexpen Relion
- Novolog MIX 70/30 Relion
- Novolog Relion

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one month of Admelog or a Novo insulin (Novolin [non-Relion version], Novolog [non-Relion version], or Fiasp) or have a documented contraindication to Admelog or Novo insulin (Novolin [non-Relion version], Novolog [non-Relion version], or Fiasp). |
|-----------------|--|

LONG-ACTING INSULIN

Products Affected

- Basaglar Tempo Pen
- Insulin Degludec
- Insulin Degludec Flextouch
- Insulin Glargine
- Insulin Glargine Max Solostar
- Insulin Glargine Solostar
- Insulin Glargine-yfgn
- Rezvoglar Kwikpen
- Semglee

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one month each of two of the following preferred agents: Basaglar KwikPen (insulin glargine), Lantus (insulin glargine), Toujeo (insulin glargine), or Tresiba (insulin degludec). |
|-----------------|--|

LUZU

Products Affected

- Luliconazole
- Luzu

Details

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|-----------------|---|
| Criteria | A documented trial of two weeks of topical ketoconazole or econazole. |
|-----------------|---|

MINOCYCLINE

Products Affected

- Minocycline Hcl TABS
- Minocycline Hydrochloride Er
- Solodyn TB24 105MG, 115MG, 65MG

Details

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|-----------------|---|
| Criteria | A documented trial of one month of formulary generic minocycline IR capsules. |
|-----------------|---|

MOTOFEN

Products Affected

- Motofen

Details

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|-----------------|--|
| Criteria | A documented trial of 10 days of formulary generic diphenoxylate/atropine. |
|-----------------|--|

NOAC

Products Affected

- Savaysa

Details

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|-----------------|---|
| Criteria | A documented trial of one month each of two of the following: Eliquis (apixaban), Pradaxa (dabigatran etexilate mesylate), Xarelto (rivaroxaban). |
|-----------------|---|

NSAIDS

Products Affected

- Celebrex
- Lodine TABS 400MG
- Nalfon CAPS 400MG
- Nalfon TABS
- Naprelan
- Relafen Ds
- Tolectin 600

Details

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|-----------------|---|
| Criteria | A documented trial of two weeks each of two of the following: formulary generic Nonsteroidal Anti-inflammatory Drugs (NSAIDs) excluding generic diclofenac patches. |
|-----------------|---|

OSMOLEX

Products Affected

- Osmolex Er TB24 129MG, 193MG

Details

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|-----------------|--|
| Criteria | A documented trial of one month of formulary generic amantadine. |
|-----------------|--|

OSTEOPOROSIS

Products Affected

- Actonel TABS 150MG, 35MG
- Fosamax TABS 70MG
- Atelvia
- Fosamax Plus D
- Binosto

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month each of two formulary generic oral bisphosphonates. |
|-----------------|---|

PLAVIX

Products Affected

- Plavix TABS 75MG

Details

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|-----------------|---|
| Criteria | A documented trial of one month of formulary generic clopidogrel. |
|-----------------|---|

RESPIRATORY

Products Affected

- Advair Diskus AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT
- Airduo Digihaler 55/14
- Airduo Respiclick 113/14
- Airduo Respiclick 232/14
- Airduo Respiclick 55/14
- Armonair Digihaler AEPB 113MCG/ACT, 55MCG/ACT
- Asmanex Hfa
- Asmanex Twisthaler 120 Metered Doses
- Asmanex Twisthaler 14 Metered Doses
- Asmanex Twisthaler 30 Metered Doses
- Asmanex Twisthaler 60 Metered Doses
- Breyna
- Duaklir Pressair
- Fluticasone Propionate/salmeterol AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT
- Pulmicort Flexhaler
- Qvar Redihaler
- Symbicort
- Tudorza Pressair

Details

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|-----------------|---|
| Criteria | A documented trial of two weeks each of two of the following: budesonide/formoterol fumarate, fluticasone/salmeterol powder DISKUS, Advair HFA (fluticasone/salmeterol), Alvesco (ciclesonide), Anoro Ellipta (umeclidinium/vilanterol), Arnuity Ellipta (fluticasone furoate), Bevespi (glycopyrrolate/formoterol), Breo Ellipta (fluticasone/vilanterol), Breztri (budesonide/glycopyrrolate/formoterol), Dulera (mometasone furoate/formoterol fumarate), Flovent Diskus (fluticasone), Flovent HFA (fluticasone), Incruse Ellipta (umeclidinium), Lonhala (glycopyrrolate), Serevent Diskus (salmeterol), Stiolto Respimat (tiotropium/olodaterol), Striverdi Respimat (olodaterol), Trelegy Ellipta (fluticasone/umeclidinium bromide/vilanterol), Wixela (fluticasone/salmeterol powder). |
|-----------------|---|

RYTARY AET

Products Affected

- Crexont
- Rytary

Details

| | |
|-----------------|---|
| Criteria | Coverage will be provided if a generic immediate-release or extended-release carbidopa-levodopa containing product has been tried for at least 30 days. |
|-----------------|---|

SGLT-2

Products Affected

- Invokana
- Steglatro

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month of either Jardiance (empagliflozin) OR Farxiga (dapagliflozin). |
|-----------------|---|

SGLT-2 + METFORMIN

Products Affected

- Invokamet
- Invokamet Xr
- Segluromet

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month of one of the following: Synjardy (empagliflozin-metformin), Synjardy XR (empagliflozin-metformin extended release), or Xigduo XR (dapagliflozin-metformin extended-release). |
|-----------------|---|

SINGULAIR

Products Affected

- Singulair

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month of formulary generic montelukast. |
|-----------------|---|

STALEVO

Products Affected

- Stalevo 100
- Stalevo 125
- Stalevo 150
- Stalevo 200
- Stalevo 50
- Stalevo 75

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month of formulary generic carbidopa/levodopa/entacapone. |
|-----------------|---|

TIKOSYN

Products Affected

- Tikosyn

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one month of formulary generic dofetilide. |
|-----------------|--|

TRIPTANS AET

Products Affected

- Frova
- Imitrex TABS
- Imitrex Statdose Refill
- Imitrex Statdose System
- Maxalt TABS 10MG
- Maxalt-mlt TBDP 10MG
- Onzetra Xsail
- Tosymra
- Treximet TABS 500MG; 85MG
- Zembrace Symtouch
- Zomig SOLN

Details

| | |
|-----------------|--|
| Criteria | A documented trial of 14 days each of two formulary generic antimigraine agent triptans. |
|-----------------|--|

XADAGO

Products Affected

- Xadago

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one month each of formulary generic selegiline and rasagiline. |
|-----------------|--|

XANAX

Products Affected

- Xanax
- Xanax Xr

Details

| | |
|-----------------|---|
| Criteria | A documented trial of one month of formulary generic alprazolam, alprazolam ODT, alprazolam ER, or alprazolam XR. |
|-----------------|---|

XELPROS

Products Affected

- Iyuzeh
- Xalatan
- Xelpros

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one week of formulary generic latanoprost. |
|-----------------|--|

ZIOPTAN

Products Affected

- Tafluprost
- Zioptan

Details

| | |
|-----------------|--|
| Criteria | A documented trial of one week of formulary generic latanoprost. |
|-----------------|--|

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