Keystone 65 Rx HMO
Personal Choice℠ 65 Rx PPO
Select Option® Rx PDP
2024 Utilization Management Criteria: Step Therapy

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN

This document was updated on 11/19/2024. For more recent information or other questions, please contact our Member Help Team: Keystone 65 Rx at 1-844-352-1699, Personal Choice 65 Rx at 1-888-879-4293, Select Option Rx at 1-888-678-7009 or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit www.ibxmedicare.com to use our *Formulary (List of Covered Drugs)* search tool or view a downloadable document.

When this document refers to "we," "us," or "our," it means Independence Blue Cross. When it refers to "plan" or "our plan," it means Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year. Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Keystone 65: Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Personal Choice 65: Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Select Option: Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

There may be restrictions to your drug coverage

Some covered drugs may have additional requirements or limits on coverage. We call this "utilization management." These requirements and limits may include:

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug. Drugs that require prior authorization are listed in *2024 Utilization Management Criteria: Prior Authorization.*
- **Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Drugs that require step therapy are listed in this document.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan will cover. Drugs that have quantity limits are listed in the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*.

You can find out if your drug has any additional requirements or limits by looking in your plan *Formulary (List of Covered Drugs)*. You can also get more information about the restrictions applied to specific covered drugs by visiting www.ibxmedicare.com.

You can ask our plan to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. Your *Formulary (List of Covered Drugs)* and *Evidence of Coverage* will have more information about the exception request process.

How to use this document

This document, along with 2024 *Utilization Management Criteria: Prior Authorization*, is intended to be used with your *Formulary (List of Covered Drugs)*. If your prescription drug has the note "ST" in the "Requirements" column of the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*, you can find more information on the restriction(s) in this document.

Locate your drug in the index on page 83. The restriction information includes step therapy criteria.

Be sure to read all the information listed for your affected drug. If you have any questions or need assistance with the information contained in this document, please call our Member Help Team: Keystone 65 Rx at 1-844-352-1699, Personal Choice 65 Rx at 1-888-879-4293, or Select Option Rx at 1-888-678-7009 or, for TTY/TDD users, 711.

ADLARITY 2024

Products Affected

- ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL
- ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL

Details	
Criteria	Trial of generic formulary donepezil tablets. Always applies

ALBUTEROL 2024

Products Affected

- VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION

Details	
Criteria	Trial of Proair Respiclick. Always Applies.

ALLOPURINOL 200MG TAB 2024

Products Affected

- *allopurinol tablet 200 mg oral*

Details	
Criteria	Trial of generic formulary allopurinol 100mg tablets. Always applies.

ANTICONVULSANTS 2024

Products Affected

- VIGAFYDE SOLUTION 100 MG/ML ORAL

Details	
Criteria	Trial of two generic formulary anticonvulsants (e.g., clonazepam, felbamate, levetiracetam, valproic acid, and zonisamide). For Infantile spasms: Trial of Vigpoder. Applies to new starts.

ANTIDEPRESSANTS [SNRIS] 2024

Products Affected

- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL
- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL
- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL

Details	
Criteria	Trial of two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.

ANTIDEPRESSANTS [SSRIS] 2024

Products Affected

- CELEXA TABLET 10 MG ORAL
- CELEXA TABLET 20 MG ORAL
- CELEXA TABLET 40 MG ORAL
- LEXAPRO TABLET 10 MG ORAL
- LEXAPRO TABLET 20 MG ORAL
- LEXAPRO TABLET 5 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- PAXIL SUSPENSION 10 MG/5ML ORAL
- PAXIL TABLET 10 MG ORAL
- PAXIL TABLET 20 MG ORAL
- PAXIL TABLET 30 MG ORAL
- PAXIL TABLET 40 MG ORAL
- PROZAC CAPSULE 10 MG ORAL
- PROZAC CAPSULE 20 MG ORAL
- PROZAC CAPSULE 40 MG ORAL
- ZOLOFT CONCENTRATE 20 MG/ML ORAL
- ZOLOFT TABLET 100 MG ORAL
- ZOLOFT TABLET 25 MG ORAL
- ZOLOFT TABLET 50 MG ORAL

Details	
Criteria	Trial of three generic formulary selective serotonin reuptake inhibitors (SSRI). Applies to new starts.

ANTIHISTAMINE EYE DROPS 2024

Products Affected

- *bepotastine besilate solution 1.5 % ophthalmic*
- BEPREVE SOLUTION 1.5 % OPHTHALMIC
- ZERVIATE SOLUTION 0.24 % OPHTHALMIC

Details	
Criteria	Trial of three generic formulary antihistamine eye drops. Always applies.

BACLOFEN SOLUTION/SUSPENSION 2024

Products Affected

- *baclofen solution 10 mg/5ml oral*
- *baclofen suspension 25 mg/5ml oral*
- FLEQSUVY SUSPENSION 25 MG/5ML ORAL
- LYVISPAH PACKET 10 MG ORAL
- LYVISPAH PACKET 20 MG ORAL
- LYVISPAH PACKET 5 MG ORAL
- OZOBAX DS SOLUTION 10 MG/5ML ORAL

Details	
Criteria	Trial of generic formulary baclofen tablets. Always applies

BENZODIAZEPINES 2024

Products Affected

- ATIVAN TABLET 0.5 MG ORAL
- ATIVAN TABLET 1 MG ORAL
- ATIVAN TABLET 2 MG ORAL
- KLONOPIN TABLET 0.5 MG ORAL
- KLONOPIN TABLET 1 MG ORAL
- KLONOPIN TABLET 2 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL
- RESTORIL CAPSULE 15 MG ORAL
- RESTORIL CAPSULE 22.5 MG ORAL
- RESTORIL CAPSULE 30 MG ORAL
- RESTORIL CAPSULE 7.5 MG ORAL
- VALIUM TABLET 10 MG ORAL
- VALIUM TABLET 2 MG ORAL
- VALIUM TABLET 5 MG ORAL
- XANAX TABLET 0.25 MG ORAL
- XANAX TABLET 0.5 MG ORAL
- XANAX TABLET 1 MG ORAL
- XANAX TABLET 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL

Details	
Criteria	Trial of two generic formulary benzodiazepines. Applies to new starts.

BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2024

Products Affected

- ATACAND HCT TABLET 16-12.5 MG ORAL
- ATACAND HCT TABLET 32-12.5 MG ORAL
- ATACAND HCT TABLET 32-25 MG ORAL
- ATACAND TABLET 16 MG ORAL
- ATACAND TABLET 32 MG ORAL
- ATACAND TABLET 4 MG ORAL
- ATACAND TABLET 8 MG ORAL
- AVALIDE TABLET 150-12.5 MG ORAL
- AVALIDE TABLET 300-12.5 MG ORAL
- AVAPRO TABLET 150 MG ORAL
- AVAPRO TABLET 300 MG ORAL
- AVAPRO TABLET 75 MG ORAL
- AZOR TABLET 10-20 MG ORAL
- AZOR TABLET 10-40 MG ORAL
- AZOR TABLET 5-20 MG ORAL
- AZOR TABLET 5-40 MG ORAL
- BENICAR HCT TABLET 20-12.5 MG ORAL
- BENICAR HCT TABLET 40-12.5 MG ORAL
- BENICAR HCT TABLET 40-25 MG ORAL
- BENICAR TABLET 20 MG ORAL
- BENICAR TABLET 40 MG ORAL
- BENICAR TABLET 5 MG ORAL
- COZAAR TABLET 100 MG ORAL
- COZAAR TABLET 25 MG ORAL
- COZAAR TABLET 50 MG ORAL
- DIOVAN HCT TABLET 160-12.5 MG ORAL
- DIOVAN HCT TABLET 160-25 MG ORAL
- DIOVAN HCT TABLET 320-12.5 MG ORAL
- DIOVAN HCT TABLET 320-25 MG ORAL
- DIOVAN HCT TABLET 80-12.5 MG ORAL
- DIOVAN TABLET 160 MG ORAL
- DIOVAN TABLET 320 MG ORAL
- DIOVAN TABLET 40 MG ORAL
- DIOVAN TABLET 80 MG ORAL
- EDARBI TABLET 40 MG ORAL
- EDARBI TABLET 80 MG ORAL
- EDARBYCLOR TABLET 40-12.5 MG ORAL
- EDARBYCLOR TABLET 40-25 MG ORAL
- EXFORGE HCT TABLET 10-160-12.5 MG ORAL
- EXFORGE HCT TABLET 10-160-25 MG ORAL
- EXFORGE HCT TABLET 10-320-25 MG ORAL
- EXFORGE HCT TABLET 5-160-12.5 MG ORAL
- EXFORGE HCT TABLET 5-160-25 MG ORAL
- EXFORGE TABLET 10-160 MG ORAL
- EXFORGE TABLET 10-320 MG ORAL
- EXFORGE TABLET 5-160 MG ORAL
- EXFORGE TABLET 5-320 MG ORAL
- HYZAAR TABLET 100-12.5 MG ORAL
- HYZAAR TABLET 100-25 MG ORAL
- HYZAAR TABLET 50-12.5 MG ORAL
- MICARDIS HCT TABLET 40-12.5 MG ORAL
- MICARDIS HCT TABLET 80-12.5 MG ORAL
- MICARDIS HCT TABLET 80-25 MG ORAL
- MICARDIS TABLET 20 MG ORAL
- MICARDIS TABLET 40 MG ORAL
- MICARDIS TABLET 80 MG ORAL
- TRIBENZOR TABLET 20-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-25 MG ORAL
- TRIBENZOR TABLET 40-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-5-25 MG ORAL
- *valsartan solution 4 mg/ml oral*

Details	
Criteria	Trial of three generic formulary angiotensin II receptor blockers (ARBs). Always applies.

BRAND ANTIPSYCHOTICS 2024

Products Affected

- ABILIFY TABLET 10 MG ORAL
- ABILIFY TABLET 15 MG ORAL
- ABILIFY TABLET 2 MG ORAL
- ABILIFY TABLET 20 MG ORAL
- ABILIFY TABLET 30 MG ORAL
- ABILIFY TABLET 5 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- GEODON CAPSULE 20 MG ORAL
- GEODON CAPSULE 40 MG ORAL
- GEODON CAPSULE 60 MG ORAL
- GEODON CAPSULE 80 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- RISPERDAL SOLUTION 1 MG/ML ORAL
- RISPERDAL TABLET 0.5 MG ORAL
- RISPERDAL TABLET 1 MG ORAL
- RISPERDAL TABLET 2 MG ORAL
- RISPERDAL TABLET 3 MG ORAL
- RISPERDAL TABLET 4 MG ORAL
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL
- SEROQUEL TABLET 100 MG ORAL
- SEROQUEL TABLET 200 MG ORAL
- SEROQUEL TABLET 25 MG ORAL
- SEROQUEL TABLET 300 MG ORAL
- SEROQUEL TABLET 400 MG ORAL
- SEROQUEL TABLET 50 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- ZYPREXA TABLET 10 MG ORAL
- ZYPREXA TABLET 15 MG ORAL
- ZYPREXA TABLET 2.5 MG ORAL
- ZYPREXA TABLET 20 MG ORAL
- ZYPREXA TABLET 5 MG ORAL
- ZYPREXA TABLET 7.5 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG

ORAL

Details	
Criteria	Trial of two generic formulary antipsychotic products. Applies to new starts.

BRAND BUPROPION PRODUCTS 2024

Products Affected

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details	
Criteria	Trial of one generic formulary bupropion product. Applies to new starts.

BRAND CALCIUM CHANNEL BLOCKERS 2024

Products Affected

- KATERZIA SUSPENSION 1 MG/ML ORAL
- NORLIQVA SOLUTION 1 MG/ML ORAL
- NORVASC TABLET 10 MG ORAL
- NORVASC TABLET 2.5 MG ORAL
- NORVASC TABLET 5 MG ORAL

Details	
Criteria	Trial of generic formulary amlodipine tablets. Always applies.

BRAND ORAL NSAIDS 2024

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL
- DAYPRO TABLET 600 MG ORAL
- ELYXYB SOLUTION 120 MG/4.8ML ORAL
- KIPROFEN CAPSULE 25 MG ORAL
- LODINE TABLET 400 MG ORAL
- LOFENA TABLET 25 MG ORAL
- NALFON CAPSULE 400 MG ORAL
- NALFON TABLET 600 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL
- NAPROSYN SUSPENSION 125 MG/5ML ORAL
- RELAFEN DS TABLET 1000 MG ORAL

Details	
Criteria	Trial of two generic formulary non-steroidal anti-inflammatory drugs (NSAIDs). Always applies.

BRAND TESTOSTERONE PRODUCTS 2024

Products Affected

- ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL
- NATESTO GEL 5.5 MG/ACT NASAL
- TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL
- VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL
- VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL

Details	
Criteria	Trial of generic formulary transdermal testosterone. Always applies.

CITALOPRAM CAPSULE 2024

Products Affected

- *citalopram hydrobromide capsule 30 mg oral*

Details	
Criteria	Trial of both generic formulary citalopram oral solution and tablet. Applies to new starts.

CNS STIMULANTS 2024

Products Affected

- ADDERALL TABLET 20 MG ORAL
- ADDERALL TABLET 5 MG ORAL
- ADDERALL TABLET 7.5 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- AZSTARYS CAPSULE 26.1-5.2 MG ORAL
- AZSTARYS CAPSULE 39.2-7.8 MG ORAL
- AZSTARYS CAPSULE 52.3-10.4 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL
- DAYTRANA PATCH 10 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 15 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 20 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 30 MG/9HR TRANSDERMAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 10 MG ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 5 MG ORAL
- FOCALIN TABLET 10 MG ORAL
- FOCALIN TABLET 2.5 MG ORAL
- FOCALIN TABLET 5 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24

HOUR 30 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL
- METHYLIN SOLUTION 10 MG/5ML ORAL
- METHYLIN SOLUTION 5 MG/5ML ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL
- RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- RITALIN TABLET 10 MG ORAL
- RITALIN TABLET 20 MG ORAL
- RITALIN TABLET 5 MG ORAL
- XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 18 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 9 MG/9HR TRANSDERMAL
- ZENZEDI TABLET 10 MG ORAL
- ZENZEDI TABLET 15 MG ORAL
- ZENZEDI TABLET 2.5 MG ORAL
- ZENZEDI TABLET 20 MG ORAL
- ZENZEDI TABLET 30 MG ORAL
- ZENZEDI TABLET 5 MG ORAL
- ZENZEDI TABLET 7.5 MG ORAL

Details	
Criteria	Trial of three generic formulary central nervous system (CNS) stimulant products. Always applies.

CONJUPRI 2024

Products Affected

- *levamlodipine maleate tablet 2.5 mg oral*
- *levamlodipine maleate tablet 5 mg oral*

Details	
Criteria	Trial of three generic formulary calcium channel blockers. Always applies.

CUPRIMINE 2024

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details	
Criteria	Trial of penicillamine or brand Depen. Always applies.

DICLOFENAC PRODUCTS 2024

Products Affected

- CAMBIA PACKET 50 MG ORAL
- *diclofenac potassium capsule 25 mg oral*
- *diclofenac potassium tablet 25 mg oral*
- *diclofenac potassium(migraine) packet 50 mg oral*
- ZIPSOR CAPSULE 25 MG ORAL

Details	
Criteria	Trial of two of the following generic formulary products (oral diclofenac sodium, oral diclofenac potassium 50mg, ibuprofen oral suspension). Always applies.

DOAC 2024

Products Affected

- PRADAXA CAPSULE 110 MG ORAL
- PRADAXA CAPSULE 150 MG ORAL
- PRADAXA CAPSULE 75 MG ORAL
- PRADAXA PACKET 110 MG ORAL
- PRADAXA PACKET 150 MG ORAL
- PRADAXA PACKET 20 MG ORAL
- PRADAXA PACKET 30 MG ORAL
- PRADAXA PACKET 40 MG ORAL
- PRADAXA PACKET 50 MG ORAL
- SAVAYSA TABLET 15 MG ORAL
- SAVAYSA TABLET 30 MG ORAL
- SAVAYSA TABLET 60 MG ORAL

Details	
Criteria	Trial of Xarelto AND Eliquis. Always Applies.

DPP-4 INHIBITORS 2024

Products Affected

- JENTADUETO TABLET 2.5-1000 MG ORAL
- JENTADUETO TABLET 2.5-500 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- *saxagliptin hcl tablet 2.5 mg oral*
- *saxagliptin hcl tablet 5 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral*
- *sitagliptin base-metformin hcl tablet 50-1000 mg oral*
- *sitagliptin base-metformin hcl tablet 50-500 mg oral*
- *sitagliptin tablet 100 mg oral*
- *sitagliptin tablet 25 mg oral*
- *sitagliptin tablet 50 mg oral*
- TRADJENTA TABLET 5 MG ORAL
- ZITUVIO TABLET 100 MG ORAL
- ZITUVIO TABLET 25 MG ORAL
- ZITUVIO TABLET 50 MG ORAL

Details	
Criteria	Trial of both of the following: (1) One of the following: generic alogliptin, generic alogliptin/metformin, or generic alogliptin/pioglitazone, and (2) One of the following: Januvia, Janumet or Janumet XR. Always applies.

DRIZALMA 2024

Products Affected

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

Details	
Criteria	Trial of generic formulary duloxetine. Applies to new starts.

DRY EYE AGENTS 2024

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC
- MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC
- VEVYE SOLUTION 0.1 % OPHTHALMIC
- XIIDRA SOLUTION 5 % OPHTHALMIC

Details	
Criteria	Trial of Restasis. Always Applies.

DYMISTA 2024

Products Affected

- *azelastine-fluticasone suspension 137-50 mcg/act nasal*
- DYMISTA SUSPENSION 137-50 MCG/ACT NASAL

Details	
Criteria	Trial of both generic formulary fluticasone nasal spray and azelastine nasal spray. Always applies.

EPRONTIA 2024

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details	
Criteria	Trial of generic formulary topiramate. Applies to new starts.

GIMOTI 2024

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details	
Criteria	Trial of generic formulary oral metoclopramide. Always applies.

GLOPERBA 2024

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

Details	
Criteria	Trial of generic formulary colchicine. Always applies.

GOUT AGENTS 2024

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*
- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details	
Criteria	Trial of generic formulary allopurinol 100mg or 300mg. Always applies.

IBSRELA 2024

Products Affected

- IBSRELA TABLET 50 MG ORAL

Details	
Criteria	Trial of both of the following: (1) lactulose and (2) Linzess. Always applies.

INHALED CORTICOSTEROIDS 2024

Products Affected

- ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION
- ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION
- ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION
- ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION
- *fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation*
- *fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation*
- *fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 110 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 220 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 44 mcg/act inhalation*
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION

Details	
Criteria	Trial of Arnuity Ellipta. Always applies.

INSULIN DEGLUDEC 2024

Products Affected

- *insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous*
- *insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous*
- *insulin degludec solution 100 unit/ml subcutaneous*

Details	
Criteria	Trial of two of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.

INSULIN GLARGINE 2024

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- *insulin glargine-yfgn solution 100 unit/ml subcutaneous*
- *insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous*
- REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS
- SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.

LAMA STEP THERAPY 2024

Products Affected

- *tiotropium bromide monohydrate capsule 18 mcg inhalation*
- TUDORZA PRESSAIR AEROSOL POWDER
- BREATH ACTIVATED 400 MCG/ACT INHALATION

Details	
Criteria	Trial of both of the following: (1) Spiriva or Spiriva Respimat and (2) Incruse Ellipta. Always applies.

LOOP DIURETICS 2024

Products Affected

- SOAANZ TABLET 20 MG ORAL
- SOAANZ TABLET 40 MG ORAL
- SOAANZ TABLET 60 MG ORAL

Details	
Criteria	Trial of all of the following generic formulary products: (1) bumetanide tablets, (2) furosemide tablets/oral solution, (3) torsemide tablets. Always applies.

METFORMIN STEP THERAPY 2024

Products Affected

- *metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral*
- *metformin hcl er (osm) tablet extended release 24 hour 500 mg oral*

Details	
Criteria	Trial of both of the following formulary products: metformin (generic of Glucophage), and metformin XR (generic of Glucophage XR). Always applies.

MIGRAINE AGENTS 2024

Products Affected

- FROVA TABLET 2.5 MG ORAL
- IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS
- IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS
- IMITREX TABLET 100 MG ORAL
- IMITREX TABLET 25 MG ORAL
- IMITREX TABLET 50 MG ORAL
- MAXALT TABLET 10 MG ORAL
- MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL
- ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL
- RELPAX TABLET 20 MG ORAL
- RELPAX TABLET 40 MG ORAL
- REYVOW TABLET 100 MG ORAL
- REYVOW TABLET 50 MG ORAL
- TOSYMRA SOLUTION 10 MG/ACT NASAL
- TREXIMET TABLET 85-500 MG ORAL
- ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- *zolmitriptan solution 5 mg nasal*
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL

Details	
Criteria	Trial of two generic formulary triptans. Always applies.

MORPHINE EXTENDED RELEASE 2024

Products Affected

- MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL
- MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL

Details	
Criteria	Trial of generic formulary morphine extended release. Always applies.

MOTEGRITY 2024

Products Affected

- MOTEGRITY TABLET 1 MG ORAL
- MOTEGRITY TABLET 2 MG ORAL
- MOTEGRITY TABLET 2 MG ORAL

Details	
Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or lubiprostone. Always applies.

MOTPOLY XR 2024

Products Affected

- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details	
Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.

MULTIPLE SCLEROSIS AGENTS 2024

Products Affected

- AUBAGIO TABLET 14 MG ORAL
- AUBAGIO TABLET 7 MG ORAL
- BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL
- COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS
- COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS
- KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL
- MAYZENT TABLET 0.25 MG ORAL
- MAYZENT TABLET 1 MG ORAL
- MAYZENT TABLET 2 MG ORAL
- PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL
- PONVORY TABLET 20 MG ORAL
- TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL
- TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL

Details	
Criteria	Trial of two of the following formulary products: (1) Avonex (interferon beta-1a), (2) Plegridy (peginterferon beta-1a), (3) Betaseron (interferon beta-1b), (4) Glatopa (glatiramer acetate), (5) Tecfidera (Dimethyl Fumarate), (6) Gilenya (fingolimod), (7) Teriflunomide, or (8) Rebif (interferon beta 1a). Applies to new starts.

NASAL CORTICOSTEROIDS 2024

Products Affected

- OMNARIS SUSPENSION 50 MCG/ACT NASAL
- QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL
- QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL
- RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL
- XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL

Details	
Criteria	Trial of three generic formulary nasal corticosteroids. Always applies.

NEXICLON XR 2024

Products Affected

- *clonidine er tablet extended release 24 hour 0.17 mg oral*
- NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL

Details	
Criteria	Trial of both formulary generics: clonidine tablets and clonidine patches. Always applies.

NON-PREFERRED GLP-1 AGONISTS 2024

Products Affected

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: (1) Trulicity, (2) Victoza, (3) Ozempic, (3) Rybelsus, (4) Mounjaro. Always applies.

NON-PREFERRED INSULIN 2024

Products Affected

- ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- ADMELOG SOLUTION 100 UNIT/ML INJECTION
- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION
- FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- FIASP SOLUTION 100 UNIT/ML INJECTION
- HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG SOLUTION 100 UNIT/ML INJECTION
- HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- HUMULIN R SOLUTION 100 UNIT/ML INJECTION
- *insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous*
- *insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin aspart penfill solution cartridge 100 unit/ml subcutaneous*
- *insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous*
- *insulin aspart solution 100 unit/ml injection*
- *insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous*
- *insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous*
- *insulin lispro solution 100 unit/ml injection*
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- LYUMJEV SOLUTION 100 UNIT/ML INJECTION
- LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

Details	
Criteria	Trial of Novolin or Novolog. Always applies.

OIC AGENTS 2024

Products Affected

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL
- SYMPROIC TABLET 0.2 MG ORAL

Details	
Criteria	Trial of lubiprostone or lactulose. Always Applies.

OPHTHALMIC PROSTAGLANDINS 2024

Products Affected

- IYUZEH SOLUTION 0.005 % OPHTHALMIC
- TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC
- VYZULTA SOLUTION 0.024 % OPHTHALMIC
- XALATAN SOLUTION 0.005 % OPHTHALMIC
- XELPROS EMULSION 0.005 % OPHTHALMIC
- ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC

Details	
Criteria	Trial of two from the following: generic formulary ophthalmic prostaglandin products, brand Lumigan 0.01%. Always applies.

OPIOID STEP THERAPY 2024

Products Affected

- DILAUDID LIQUID 1 MG/ML ORAL
- DILAUDID TABLET 2 MG ORAL
- *nalocet tablet 2.5-300 mg oral*
- NUCYNTA TABLET 50 MG ORAL
- *oxycodone-acetaminophen solution 5-325 mg/5ml oral*
- *oxycodone-acetaminophen tablet 10-300 mg oral*
- *oxycodone-acetaminophen tablet 5-300 mg oral*
- PERCOCET TABLET 10-325 MG ORAL
- PERCOCET TABLET 2.5-325 MG ORAL
- PERCOCET TABLET 5-325 MG ORAL
- PERCOCET TABLET 7.5-325 MG ORAL
- PROLATE SOLUTION 10-300 MG/5ML ORAL
- PROLATE TABLET 10-300 MG ORAL
- PROLATE TABLET 5-300 MG ORAL
- PROLATE TABLET 7.5-300 MG ORAL
- ROXICODONE TABLET 15 MG ORAL

Details	
Criteria	Trial of two immediate release generic formulary opioids. Always applies.

ORACEA 2024

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
  ORAL

Details	
Criteria	Trial of generic formulary doxycycline. Always applies.

ORAL BISPHOSPHONATE AGENTS 2024

Products Affected

- ACTONEL TABLET 150 MG ORAL
- ACTONEL TABLET 35 MG ORAL
- ATELVIA TABLET DELAYED RELEASE 35 MG ORAL
- BINOSTO TABLET EFFERVESCENT 70 MG ORAL
- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- FOSAMAX TABLET 70 MG ORAL

Details	
Criteria	Trial of three generic formulary bisphosphonate products. Always applies.

OVERACTIVE BLADDER AGENTS (OAB) 2024

Products Affected

- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- DETROL TABLET 1 MG ORAL
- DETROL TABLET 2 MG ORAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL
- VESICARE LS SUSPENSION 5 MG/5ML ORAL
- VESICARE TABLET 10 MG ORAL
- VESICARE TABLET 5 MG ORAL

Details	
Criteria	Trial of three of the following: oxybutynin, darifenacin, Myrbetriq, tolterodine, trospium, solifenacin. Always applies.

PEG-FILGRASTIM 2024

Products Affected

- FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS
- UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS

Details	
Criteria	Trial of Neulasta. Always applies

PREFERRED GLP-1 AGONISTS 2024

Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details	
Criteria	Trial of a formulary product from one of the following classes: Alpha-Glucosidase Inhibitors, Metformin, Meglitinide Analogues, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors, DPP-4 Inhibitor - Metformin Combinations, DPP-4 Inhibitor - Thiazolidinedione Combinations, SGLT2 Inhibitor - Metformin Combinations, SGLT2 Inhibitor - DPP-4 Inhibitor Combinations, SGLT2 Inhibitor - DPP-4 Inhibitor - Metformin Combinations, Sulfonylureas, Sulfonylurea - Metformin Combinations, Sulfonylurea - Thiazolidinedione Combinations, Thiazolidinedione - Metformin Combinations. Step requirements do not apply to members with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease.

PROTON PUMP INHIBITORS (PPIs) 2024

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- KONVOMEP SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL
- *omeprazole-sodium bicarbonate capsule 20-1100 mg oral*
- *omeprazole-sodium bicarbonate capsule 40-1100 mg oral*
- *omeprazole-sodium bicarbonate packet 20-1680 mg oral*
- *omeprazole-sodium bicarbonate packet 40-1680 mg oral*
- PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL
- PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL
- PRILOSEC PACKET 10 MG ORAL
- PRILOSEC PACKET 2.5 MG ORAL
- PROTONIX PACKET 40 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 20 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 40 MG ORAL
- *rabeprazole sodium tablet delayed release 20 mg oral*
- ZEGERID CAPSULE 20-1100 MG ORAL
- ZEGERID CAPSULE 40-1100 MG ORAL

Details	
Criteria	Trial of two generic formulary proton pump inhibitors. Always applies.

QELBREE 2024

Products Affected

- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details	
Criteria	Trial of THREE of the following formulary generics: atomoxetine, guanfacine ER, clonidine ER. Always applies.

RELTONE 2024

Products Affected

- RELTONE CAPSULE 200 MG ORAL
- RELTONE CAPSULE 400 MG ORAL

Details	
Criteria	Trial of generic formulary ursodiol capsules. Always applies.

RENIN INHIBITORS 2024

Products Affected

- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

Details	
Criteria	Trial of Aliskiren or two from the following: generic formulary Angiotensin-converting-enzyme (ACE) inhibitors OR generic formulary angiotensin II receptor blockers (ARB). Always Applies.

SANCUSO 2024

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details	
Criteria	Trial of (a) ondansetron or granisetron and (b) aprepitant. Always applies.

SAVELLA 2024

Products Affected

- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL
- SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL

Details	
Criteria	Trial of generic formulary duloxetine. Applies to new starts.

SEGLENTIS 2024

Products Affected

- SEGLENTIS TABLET 56-44 MG ORAL

Details	
Criteria	Trial of both generic formulary celecoxib and generic formulary tramadol IR tablet. Always applies.

SERTRALINE CAPSULE 2024

Products Affected

- *sertraline hcl capsule 150 mg oral*
- *sertraline hcl capsule 200 mg oral*

Details	
Criteria	Trial of both generic formulary sertraline oral concentrate and tablet. Applies to new starts.

SGLT2 ANTI-DIABETICS 2024

Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL
- QTERN TABLET 10-5 MG ORAL
- QTERN TABLET 5-5 MG ORAL
- SEGLUROMET TABLET 2.5-1000 MG ORAL
- SEGLUROMET TABLET 2.5-500 MG ORAL
- SEGLUROMET TABLET 7.5-1000 MG ORAL
- SEGLUROMET TABLET 7.5-500 MG ORAL
- STEGLATRO TABLET 15 MG ORAL
- STEGLATRO TABLET 5 MG ORAL
- STEGLUJAN TABLET 15-100 MG ORAL
- STEGLUJAN TABLET 5-100 MG ORAL

Details	
Criteria	Trial of ALL of the following: (1) generic metformin or generic formulary metformin containing product AND (2) Farxiga or Xigduo XR AND (3) Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.

SGLT2 CARDIOVASCULAR 2024

Products Affected

- INPEFA TABLET 200 MG ORAL
- INPEFA TABLET 400 MG ORAL

Details	
Criteria	Trial of BOTH of the following: (1) Farxiga or Xigduo XR AND (2) Jardiance, Glyxambi or Trijardy XR. Always applies.

SODIUM PHENYLBUTYRATE 2024

Products Affected

- OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL
- OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL
- OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL
- OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL
- OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL
- OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL

Details	
Criteria	Trial of generic sodium phenylbutyrate tablets. Always applies.

STATINS 2024

Products Affected

- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL
- ATORVALIQ SUSPENSION 20 MG/5ML ORAL
- CRESTOR TABLET 10 MG ORAL
- CRESTOR TABLET 20 MG ORAL
- CRESTOR TABLET 40 MG ORAL
- CRESTOR TABLET 5 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL
- *flolipid suspension 20 mg/5ml oral*
- *flolipid suspension 40 mg/5ml oral*
- LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- LIPITOR TABLET 10 MG ORAL
- LIPITOR TABLET 20 MG ORAL
- LIPITOR TABLET 40 MG ORAL
- LIPITOR TABLET 80 MG ORAL
- ZOCOR TABLET 10 MG ORAL
- ZOCOR TABLET 20 MG ORAL
- ZOCOR TABLET 40 MG ORAL
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details	
Criteria	Trial of three generic formulary statins. Always applies.

TETRACYCLINES 2024

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL
- SEYSARA TABLET 100 MG ORAL
- SEYSARA TABLET 150 MG ORAL
- SEYSARA TABLET 60 MG ORAL
- TARGADOX TABLET 50 MG ORAL

Details	
Criteria	Trial of three generic formulary oral tetracycline products. Always applies.

TRAMADOL 2024

Products Affected

- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details	
Criteria	Trial of both generic formulary tramadol tablets and generic formulary tramadol ER tablets/capsules. Always applies

TRAMADOL SOLUTION 2024

Products Affected

- QDOLO SOLUTION 5 MG/ML ORAL
- *tramadol hcl solution 5 mg/ml oral*

Details	
Criteria	Trial of generic formulary tramadol tablets. Always applies.

TRULANCE 2024

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details	
Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or lubiprostone. Always applies.

UCERIS 2024

Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details	
Criteria	Trial of generic formulary budesonide tablet ER 9mg (generic Uceris). Always applies.

UZEDY 2024

Products Affected

- UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS

Details	
Criteria	Trial of one of the following: Perseris, formulary generic risperidone ER IM injection or Risperdal Consta. Applies to new starts

VENLAFAXINE BESYLATE TAB ER 2024

Products Affected

- *venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral*

Details	
Criteria	Trial of both generic formulary venlafaxine hydrochloride extended-release tablet and capsule before receiving Venlafaxine Besylate extended-release tablet. Applies to new starts only.

VIIBRYD 2024

Products Affected

- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details	
Criteria	Trial of two generic formulary selective serotonin reuptake inhibitors or serotonin norepinephrine reuptake inhibitors. Applies to new starts.

XCOPRI 2024

Products Affected

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

Details	
Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.

ZEGALOGUE 2024

Products Affected

- ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS
- ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: Glucagon, Baqsimi, Gvoke. Always applies.

ZONISADE 2024

Products Affected

- ZONISADE SUSPENSION 100 MG/5ML ORAL

Details	
Criteria	Trial of generic zonisamide capsule. Applies to new starts.

Index