



**Keystone 65 Rx HMO  
Personal Choice 65<sup>SM</sup> Rx PPO  
Select Option<sup>®</sup> Rx PDP**

**2025 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 **10/01/2024**. 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](http://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, 2026, and from time to time during the year.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — 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 *2025 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](http://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 *2025 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 75. 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 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of generic formulary donepezil tablets. Always applies
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# ALBUTEROL 2025

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## Products Affected

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

## Details

Criteria	Trial of Proair Respiclick. Always Applies.
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# ALLOPURINOL 200MG TAB 2025

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## Products Affected

- *allopurinol tablet 200 mg oral*

## Details

<b>Criteria</b>	Trial of generic formulary allopurinol 100mg tablets. Always applies.
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# ANTICONVULSANTS 2025 - Pending CMS Review

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## Products Affected

- VIGAFYDE SOLUTION 100 MG/ML ORAL

## Details

<b>Criteria</b>	Trial of two generic formulary anticonvulsants. Applies to new starts.
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# ANTIDEPRESSANTS [SNRIS] 2025

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## 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

<b>Criteria</b>	Trial of two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.
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# ANTIDEPRESSANTS [SSRIS] 2025

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## 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
- 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

<b>Criteria</b>	Trial of three generic formulary selective serotonin reuptake inhibitors (SSRI). Applies to new starts.
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# ANTI-HISTAMINE EYE DROPS 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of three generic formulary antihistamine eye drops. Always applies.
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# BACLOFEN SOLUTION/SUSPENSION 2025

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## 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

Details	
<b>Criteria</b>	Trial of generic formulary baclofen tablets. Always applies

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# BENZODIAZEPINES 2025

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## 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
- 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

<b>Criteria</b>	Trial of two generic formulary benzodiazepines. Applies to new starts.
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# BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2025

## 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

<b>Criteria</b>	Trial of three generic formulary angiotensin II receptor blockers (ARBs). Always applies.
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# BRAND ANTIPSYCHOTICS 2025

## 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
- 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

## Details

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

# BRAND BUPROPION PRODUCTS 2025

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## 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
- 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.
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# BRAND CALCIUM CHANNEL BLOCKERS 2025

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## 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

<b>Criteria</b>	Trial of generic formulary amlodipine tablets. Always applies.
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# BRAND ORAL NSAIDS 2025

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## 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 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

<b>Criteria</b>	Trial of two generic formulary non-steroidal anti-inflammatory drugs (NSAIDs). Always applies.
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# BRAND TESTOSTERONE PRODUCTS 2025

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## Products Affected

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

## Details

Criteria	
	Trial of generic formulary transdermal testosterone. Always applies.

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# CITALOPRAM CAPSULE 2025

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## Products Affected

- *citalopram hydrobromide capsule 30 mg oral*

## Details

<b>Criteria</b>	Trial of both generic formulary citalopram oral solution and tablet. Applies to new starts.
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# CNS STIMULANTS 2025

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## 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
- 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 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	
<b>Criteria</b>	Trial of three generic formulary central nervous system (CNS) stimulant products. Always applies.

# CUPRIMINE 2025

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## Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

## Details

<b>Criteria</b>	Trial of penicillamine or brand Depen. Always applies.
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# DICLOFENAC PRODUCTS 2025

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## 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

<b>Criteria</b>	Trial of two of the following generic formulary products (oral diclofenac sodium, oral diclofenac potassium 50mg, ibuprofen oral suspension). Always applies.
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# DOAC 2025

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## 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

<b>Criteria</b>	Trial of Xarelto AND Eliquis. Always Applies.
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# DPP-4 INHIBITORS 2025

## 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

<b>Criteria</b>	Trial of both of the following: (1) One of the following: Januvia, Janumet or Janumet XR and (2) a preferred generic metformin containing product. Always applies.
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# DRIZALMA 2025 - Pending CMS Review

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## 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

<b>Criteria</b>	Trial of generic formulary duloxetine. Applies to new starts.
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# DRY EYE AGENTS 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of one of the following: Restasis, Xiidra, Tyrvaya. Always Applies.
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# DYMISTA 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of both generic formulary fluticasone nasal spray and azelastine nasal spray. Always applies.
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# EPRONTIA 2025

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## Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

## Details

<b>Criteria</b>	Trial of generic formulary topiramate. Applies to new starts.
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# GIMOTI 2025

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## Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

## Details

<b>Criteria</b>	Trial of generic formulary oral metoclopramide. Always applies.
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# GLOPERBA 2025

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## Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

## Details

<b>Criteria</b>	Trial of generic formulary colchicine. Always applies.
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# GOUT AGENTS 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of generic formulary allopurinol 100mg or 300mg. Always applies.
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# IBSRELA 2025

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## Products Affected

- IBSRELA TABLET 50 MG ORAL

## Details

<b>Criteria</b>	Trial of both of the following: (1) Linzess and (2) Motegrity. Always applies.
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# INHALED CORTICOSTEROIDS 2025

## 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

<b>Criteria</b>	Trial of Arnuity Ellipta. Always applies.
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# INSULIN DEGLUDEC 2025

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## 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

<b>Criteria</b>	Trial of two of the following: Lantus, Toujeo, Tresiba. Always applies.
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# INSULIN GLARGINE 2025

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## Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS *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*
- 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

<b>Criteria</b>	Trial of two of the following: Lantus, Toujeo, Tresiba. Always applies.
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# LAMA STEP THERAPY 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of both of the following: (1) Spiriva or Spiriva Respimat and (2) Incruse Ellipta. Always applies.
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# LOOP DIURETICS 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of all of the following generic formulary products: (1) bumetanide tablets, (2) furosemide tablets/oral solution, (3) torsemide tablets. Always applies.
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# METFORMIN STEP THERAPY 2025

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## 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

<b>Criteria</b>	Trial of both of the following formulary products: metformin (generic of Glucophage), and metformin XR (generic of Glucophage XR). Always applies.
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# MIGRAINE AGENTS 2025

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## 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

<b>Criteria</b>	Trial of two generic formulary triptans. Always applies.
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# MORPHINE EXTENDED RELEASE 2025

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## 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.



# MOTTEGRITY 2025

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## Products Affected

- MOTTEGRITY TABLET 1 MG ORAL
- MOTTEGRITY TABLET 2 MG ORAL

## Details

<b>Criteria</b>	Trial of both of the following: (1) lactulose and (2) lubiprostone. Always applies.
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# MOTPOLY XR 2025

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## 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

<b>Criteria</b>	Trial of two generic formulary anticonvulsants. Applies to new starts.
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# MULTIPLE SCLEROSIS AGENTS 2025

## 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
- PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS
- PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL
- PONVORY TABLET 20 MG ORAL
- REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS
- REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS
- REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS
- REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS
- REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS
- REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS
- TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL
- TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL

## Details

<b>Criteria</b>	Trial of two of the following formulary products: (1) Avonex (interferon beta-1a), (2) Betaseron (interferon beta-1b), (3) Glatopa (glatiramer acetate), (4) Tecfidera (Dimethyl Fumarate), (5) Gilenya (fingolimod), (6) Teriflunomide. Applies to new starts.
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# NASAL CORTICOSTEROIDS 2025

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## 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

<b>Criteria</b>	Trial of three generic formulary nasal corticosteroids. Always applies.
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# NEXICLON XR 2025

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## Products Affected

- NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL

## Details

<b>Criteria</b>	Trial of both formulary generics: clonidine tablets and clonidine patches. Always applies.
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# NON-PREFERRED INSULIN 2025

## 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
- *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*
- 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

<b>Criteria</b>	Trial of one of the following: Novolin, Novolog, Humalog, Humulin, Insulin Lispro. Always applies.
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# OIC AGENTS 2025

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## 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

<b>Criteria</b>	Trial of lubiprostone or lactulose. Always Applies.
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# OPHTHALMIC PROSTAGLANDINS 2025

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## Products Affected

- IYUZEH SOLUTION 0.005 % OPHTHALMIC
- XALATAN SOLUTION 0.005 % OPHTHALMIC
- TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC
- XELPROS EMULSION 0.005 % OPHTHALMIC

## Details

<b>Criteria</b>	Trial of BOTH of the following: (1) generic formulary ophthalmic prostaglandin product AND (2) One of the following: brand Lumigan 0.01%, Vyzulta or Zioptan. Always applies.
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# OPIOID STEP THERAPY 2025

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## 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

<b>Criteria</b>	Trial of two immediate release generic formulary opioids. Always applies.
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# ORACEA 2025

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## Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG  
ORAL

## Details

<b>Criteria</b>	Trial of generic formulary doxycycline. Always applies.
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# ORAL BISPHOSPHONATE AGENTS 2025

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## 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

<b>Criteria</b>	Trial of three generic formulary bisphosphonate products. Always applies.
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# PEG-FILGRASTIM 2025

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## 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

<b>Criteria</b>	Trial of Neulasta. Always applies
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# PROTON PUMP INHIBITORS (PPIs) 2025

## Products Affected

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- KONVOMEK 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 2025

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## 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

<b>Criteria</b>	Trial of THREE of the following formulary generics: atomoxetine, guanfacine ER, clonidine ER. Always applies.
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# RELTONE 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of generic formulary ursodiol capsules. Always applies.
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# RENIN INHIBITORS 2025

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## Products Affected

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

## Details

<b>Criteria</b>	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.
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# SANCUSO 2025 - Pending CMS Review

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## Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

## Details

<b>Criteria</b>	Trial of (a) ondansetron or granisetron and (b) aprepitant. Always applies.
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# SAVELLA 2025

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## 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

<b>Criteria</b>	Trial of generic formulary duloxetine. Applies to new starts.
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# SEGLENTIS 2025

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## Products Affected

- SEGLENTIS TABLET 56-44 MG ORAL

## Details

<b>Criteria</b>	Trial of both generic formulary celecoxib and generic formulary tramadol IR tablet. Always applies.
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# SERTRALINE CAPSULE 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of both generic formulary sertraline oral concentrate and tablet. Applies to new starts.
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# SGLT2 ANTI-DIABETICS 2025

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## 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

<b>Criteria</b>	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.
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# SGLT2 CARDIOVASCULAR 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of BOTH of the following: (1) Farxiga or Xigduo XR AND (2) Jardiance, Glyxambi or Trijardy XR. Always applies.
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# SODIUM PHENYLBUTYRATE 2025

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## 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

<b>Criteria</b>	Trial of generic sodium phenylbutyrate tablets. Always applies.
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# STATINS 2025

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## 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 2025

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## 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

<b>Criteria</b>	Trial of three generic formulary oral tetracycline products. Always applies.
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# TRAMADOL 2025

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## 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

<b>Criteria</b>	Trial of both generic formulary tramadol tablets and generic formulary tramadol ER tablets. Always applies
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# TRULANCE 2025

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## Products Affected

- TRULANCE TABLET 3 MG ORAL

## Details

<b>Criteria</b>	Trial of both of the following: (1) lactulose and (2) Linzess or lubiprostone. Always applies.
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# UCERIS 2025

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## Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR  
9 MG ORAL

## Details

<b>Criteria</b>	Trial of generic formulary budesonide tablet ER 9mg (generic Uceris). Always applies.
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# UZEDY 2025

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## 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

<b>Criteria</b>	Trial of one of the following: Perseris, formulary generic risperidone ER IM injection or Risperdal Consta. Applies to new starts
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# VENLAFAXINE BESYLATE TAB ER 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of both generic formulary venlafaxine hydrochloride extended-release tablet and capsule before receiving Venlafaxine Besylate extended-release tablet. Applies to new starts only.
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# VIIBRYD 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of two generic formulary selective serotonin reuptake inhibitors or serotonin norepinephrine reuptake inhibitors. Applies to new starts.
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# XCOPRI 2025

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## 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 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

## Details

Details	
<b>Criteria</b>	Trial of two generic formulary anticonvulsants. Applies to new starts.

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# ZEGALOGUE 2025

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## Products Affected

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

## Details

<b>Criteria</b>	Trial of two of the following: Glucagon, Baqsimi, Gvoke. Always applies.
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# ZONISADE 2025

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## Products Affected

- ZONISADE SUSPENSION 100 MG/5ML ORAL

## Details

<b>Criteria</b>	Trial of generic zonisamide capsule. Applies to new starts.
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METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL.....	19	NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	16
METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL.....	19	NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL.....	16
METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL.....	19	NAPROSYN SUSPENSION 125 MG/5ML ORAL..	16
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ZITUVIO TABLET 25 MG ORAL.....	24
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ZOLOFT TABLET 50 MG ORAL.....	8
ZOMIG SOLUTION 5 MG NASAL.....	39
ZOMIG TABLET 2.5 MG ORAL.....	39
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