Keystone 65 Rx HMO, Personal Choice 65℠ Rx PPO, Select Option® Rx PDP, Blue Medicare Advantage RetireSecure PPO Plans

2027 Step Therapy Guidelines

This document contains important information about some of the drugs we cover in your health plan.

At Independence Blue Cross (IBX), we try to help keep your medications as affordable as possible.

One way we do this is by asking you to use pharmacies in our network. Another way is through a process called **step therapy**.

This document explains:

- What step therapy is
- Which drugs it applies to
- What to do if your drug is affected

This document was last updated on 10/23/2026. For the most up-to-date information, or if you have questions, we're here to help:

- **Keystone 65 Rx**: 1-844-352-1699
- **Personal Choice 65 Rx**: 1-888-879-4293
- **Select Option Rx**: 1-888-678-7009
- **Blue Medicare Advantage RetireSecure:** 1-833-481-8999
- **TTY/TDD**: 711

You can call **seven days a week, 8 a.m. to 8 p.m.** From April 1 through September 30, calls on weekends and holidays may go to voicemail.

You can also visit **ibxmedicare.com** to search your drug list (formulary) or view and download any other plan documents.

Independence

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What is step therapy?

For some health conditions, there may be more than one drug that can help. It often makes sense to start with a drug that costs less but is still safe and may work well for you.

Step therapy means:

- You may need to try **drug A** before we cover **drug B**.
- If **drug A** works for you, you can keep using it.
- If **drug A** does not work, your doctor can ask us to cover **drug B**.
- If we approve that request, we will cover **drug B**.

If you or your doctor believes that **drug A** doesn't make sense for you, you can ask us:

- To make an exception, or
- About other drugs that may work for you

You can find a list of drugs that require step therapy in this document.

You can also find more details in your plan's *Formulary* (drug list) and your *Evidence of Coverage*.

How to use this document

Find your drug in the index on page **91**. Then read all the information listed for that drug.

If your drug has "ST" in the "Requirements" column of your health plan's drug formulary, you can find more details in this document.

In this document:

- "We," "us," and "our" mean Independence Blue Cross.
- "Plan" and "our plan" mean Keystone 65 Rx, Personal Choice 65 Rx, Select Option Rx, or Blue Medicare Advantage RetireSecure.

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. Select Option is a PDP plan with a Medicare contract. Enrollment in Select Option PDP depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries and affiliates including 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.

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Group 5-tier open IBX16992 (04/26)

ALBUTEROL 2027

Products Affected

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

Details	
Criteria	Trial of Proair Respiclick. Always Applies.

ALLOPURINOL 200MG TAB 2027

Products Affected

- *allopurinol tablet 200 mg oral*

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

AMPYRA 2027

Products Affected

- AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL

Details	
Criteria	Trial of formulary generic dalfampridine. Always applies.

ANTIDEPRESSANTS [SNRIS] 2027

Products Affected

- 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 of the following generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI): desvenlafaxine tablet, duloxetine capsules, venlafaxine hydrochloride ER tablets, venlafaxine hydrochloride immediate release tablets, and venlafaxine hydrochloride ER capsules. Applies to new starts.

ANTIDEPRESSANTS [SSRIS] 2027

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 TABLET 10 MG ORAL
- PAXIL TABLET 20 MG ORAL
- PAXIL TABLET 30 MG ORAL
- PAXIL TABLET 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 of the following generic formulary selective serotonin reuptake inhibitors (SSRI): citalopram tablets, escitalopram tablets, fluoxetine, fluvoxamine immediate release tablets, paroxetine tablets, and sertraline tablets. Applies to new starts.

ANTIHISTAMINE EYE DROPS 2027

Products Affected

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

Details	
Criteria	Trial of three of the following formulary generic antihistamine eye drops: azelastine, epinastine, olopatadine. Always applies.

BRAND AMITIZA 2027

Products Affected

- AMITIZA CAPSULE 24 MCG ORAL
- AMITIZA CAPSULE 8 MCG ORAL

Details	
Criteria	Trial of one formulary generic lubiprostone. Always Applies.

BRAND AMLODIPINE 2027

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
- SDAMLO SOLUTION RECONSTITUTED 10 MG ORAL
- SDAMLO SOLUTION RECONSTITUTED 2.5 MG ORAL
- SDAMLO SOLUTION RECONSTITUTED 5 MG ORAL

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

BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2027

Products Affected

- ARBLI SUSPENSION 10 MG/ML ORAL
- 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
- 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
- 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): candesartan, irbesartan, losartan, olmasartan, telmisartan, valsartan. Always applies.

BRAND ANTIPSYCHOTICS 2027

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 A TABLET 1 & 2 & 4 & 6 MG ORAL
- FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL
- FANAPT TITRATION PACK C TABLET 1 & 2 & 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
- 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 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
- 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 formulary generic antipsychotics : aripiprasole, asenapine, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Applies to new starts.

BRAND BENZODIAZEPINES 2027

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

Details	
Criteria	Trial of two of the following formulary generic benzodiazepines: alprazolam, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, temazepam. Applies to new starts.

BRAND BUPROPION PRODUCTS 2027

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 formulary generic bupropion tablet . Applies to new starts.

BRAND CASODEX 2027

Products Affected

- CASODEX TABLET 50 MG ORAL

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

BRAND CORTICOSTEROIDS 2027

Products Affected

- DEXLYT TABLET 0.25 MG ORAL

Details	
Criteria	Trial of three of the following generic formulary drugs: dexamethasone tablets, methylprednisolone tablets, prednisone tablets, or prednisolone tablets. Always applies.

BRAND NEURONTIN 2027

Products Affected

- NEURONTIN CAPSULE 100 MG ORAL
- NEURONTIN CAPSULE 300 MG ORAL
- NEURONTIN CAPSULE 400 MG ORAL
- NEURONTIN SOLUTION 250 MG/5ML ORAL
- NEURONTIN TABLET 600 MG ORAL
- NEURONTIN TABLET 800 MG ORAL

Details	
Criteria	Trial of one formulary generic gabapentin capsule, tablet, or oral solution. Applies to new starts.

BRAND TESTOSTERONE PRODUCTS 2027

Products Affected

- 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 one formulary generic transdermal testosterone. Always applies.

BUCAPSOL 2027

Products Affected

- BUCAPSOL CAPSULE 10 MG ORAL
- BUCAPSOL CAPSULE 15 MG ORAL
- BUCAPSOL CAPSULE 7.5 MG ORAL

Details	
Criteria	Trial of generic formulary buspirone tablet and one of the following generic formulary selective serotonin reuptake inhibitors (SSRI): escitalopram tablets, paroxetine tablets, or sertraline tablets. Always applies.

BUSPIRONE 2027

Products Affected

- *buspirone hcl tablet 12.5 mg oral*
- *buspirone hcl tablet 2.5 mg oral*

Details	
Criteria	Trial of generic buspirone 5 mg, 7.5 mg, 10 mg, or 15 mg tablet. Always applies.

CITALOPRAM CAPSULE 2027

Products Affected

- *citalopram hydrobromide capsule 30 mg oral*

Details	
Criteria	Trial of generic formulary citalopram tablet and one of the following generic formulary selective serotonin reuptake inhibitors (SSRI): escitalopram tablets, fluoxetine, fluvoxamine immediate release tablets, paroxetine tablets, and sertraline tablets. Applies to new starts.

CNS STIMULANTS 2027

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
- 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
- *methylphenidate er tablet extended release dispersible 17.3 mg oral*
- *methylphenidate er tablet extended release dispersible 25.9 mg oral*
- *methylphenidate er tablet extended release dispersible 8.6 mg 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
- RELEXXII TABLET EXTENDED RELEASE 72 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 of the following formulary generic central nervous system (CNS) stimulants : amphetamine/dextroamphetamine, dextroamphetamine, dexmethylphenidate, methylphenidate. Always applies.

CONZIP 2027

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 formulary generic tramadol tablets and formulary generic tramadol ER tablets. Always applies

CUPRIMINE 2027

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

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

DICLOFENAC PRODUCTS 2027

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 formulary generics: diclofenac sodium tablets, diclofenac potassium 50mg tablets, ibuprofen suspension. Always applies.

DOAC 2027

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 two of the following: dabigatran capsules, Xarelto tablets, Eliquis tablets or capsules. Always Applies.

DPP-4 INHIBITORS 2027

Products Affected

- BRYNOVIN SOLUTION 25 MG/ML ORAL
- 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*
- *sitaglip phos-metformin hcl er tablet extended release 24 hour 100-1000 mg oral*
- *sitaglip phos-metformin hcl er tablet extended release 24 hour 50-1000 mg oral*
- *sitaglip phos-metformin hcl er tablet extended release 24 hour 50-500 mg oral*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 100-1000 mg oral*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 50-1000 mg oral*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 50-500 mg oral*
- *sitagliptin base-metformin hcl tablet 50-1000 mg oral*
- *sitagliptin base-metformin hcl tablet 50-500 mg oral*
- *sitagliptin phosphate tablet 100 mg oral*
- *sitagliptin phosphate tablet 25 mg oral*
- *sitagliptin phosphate tablet 50 mg oral*
- *sitagliptin tablet 100 mg oral*
- *sitagliptin tablet 25 mg oral*
- *sitagliptin tablet 50 mg oral*
- ZITUVIMET TABLET 50-1000 MG ORAL
- ZITUVIMET TABLET 50-500 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 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: Tradjenta, Januvia, Janumet or Janumet XR, and (2) a preferred generic metformin containing product. Always applies.

DRIZALMA 2027

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 2027

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC
- TRYPTYR SOLUTION 0.003 % OPHTHALMIC
- VEVYE SOLUTION 0.1 % OPHTHALMIC

Details	
Criteria	Trial of one of the following: Restasis, Xiidra, Tyrvaya, Miebo. Always Applies.

DYMISTA 2027

Products Affected

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

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

EPRONTIA 2027

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

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

ERZOFRI 2027

Products Affected

- ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR

Details	
Criteria	Trial of two of the following: Abilify Maintena, Aristada, Invega Sustenna or Invega Trinza. Applies to new starts.

ESCITALOPRAM CAPSULE 2027

Products Affected

- *escitalopram oxalate capsule 15 mg oral*

Details	
Criteria	Trial of escitalopram tablets and one of the following generic formulary selective serotonin reuptake inhibitors (SSRI): citalopram tablets, fluoxetine, fluvoxamine immediate release tablets, paroxetine tablets, and sertraline tablets. Applies to new starts.

EURAX 2027

Products Affected

- EURAX CREAM 10 % EXTERNAL

Details	
Criteria	Trial of generic formulary permethrine cream.

EXXUA 2027

Products Affected

- EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL
- EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL

Details	
Criteria	Trial of two of the following formulary generics: bupropion, citalopram tablets, desvenlafaxine extended-release (ER), duloxetine capsules, escitalopram tablets, fluoxetine, mirtazepine tablet, paroxetine IR/ER, sertraline tablets, venlafaxine IR/ER. Applies to new starts.

FEBUXOSTAT 2027

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.

GABARONE 2027

Products Affected

- GABARONE TABLET 100 MG ORAL
- GABARONE TABLET 400 MG ORAL

Details	
Criteria	Trial of one formulary generic gabapentin capsule, tablet, or oral solution. Applies to new starts.

GIMOTI 2027

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

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

GRISEOFULVIN ULTRAMICROSIZE 165MG 2027

Products Affected

- *griseofulvin ultramicrosize tablet 165 mg oral*

Details	
Criteria	Trial of one of the following formulary generics: Griseofulvin 125mg, 250mg, or 500mg tablet. Always applies.

IBSRELA 2027

Products Affected

- IBSRELA TABLET 50 MG ORAL

Details	
Criteria	Trial of three of the following formulary lactulose, lubiprostone, Linzess or Trulance. Always applies.

INHALED CORTICOSTEROIDS 2027

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
- *beclomethasone diprop hfa aerosol solution 40 mcg/act inhalation*
- *beclomethasone diprop hfa aerosol solution 80 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 2027

Products Affected

- TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS

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

INSULIN GLARGINE 2027

Products Affected

- BASAGLAR KWIKPEN 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, Toujeo,. Always applies.

KETOPROFEN 2027

Products Affected

- *ketoprofen capsule 75 mg oral*
- *orudis capsule 75 mg oral*

Details	
Criteria	Trial of one formulary generic ketoprofen 25 mg or 50 mg capsule. Always Applies.

LAMA STEP THERAPY 2027

Products Affected

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

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

LIDOCAINE TRANSDERMAL PATCH PRODUCTS 2027

Products Affected

- LIDOCAN PATCH 5 % EXTERNAL
- ZTLIDO PATCH 1.8 % EXTERNAL

Details	
Criteria	Trial of generic lidocaine 5% patch. Always applies.

LONG ACTING GROWTH FACTOR 2027

Products Affected

- ARMLUPEG SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- 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
- ROLVEDON SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML SUBCUTANEOUS
- ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: Neulasta, Udenyca. Always applies.

LOOP DIURETICS 2027

Products Affected

- SOAANZ TABLET 40 MG ORAL

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

METFORMIN OSMOTIC STEP THERAPY 2027

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 generic products: metformin tablet (generic of Glucophage), and metformin XR tablet (generic of Glucophage XR). Always applies.

MIGRAINE AGENTS 2027

Products Affected

- 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
- 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 2.5 MG NASAL
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL

Details	
Criteria	Trial of three generic formulary triptans: naratriptan, rizatriptan, sumatriptan. Always applies.

MORPHINE EXTENDED RELEASE 2027

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 products. Always applies.

MOTEGRITY 2027

Products Affected

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

Details	
Criteria	Trial of formulary generic prucalopride and two of the following: lactulose, lubiprostone, or Linzess. Always applies.

MOTPOLY XR 2027

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: carbamazepine, clobazam, divalproex, Epitol, ethosuximide, felbamate, fosphenytoin, gabapentin, lacosamide, lamotrigine, magnesium sulfate, oxcarbamazepine, Phenytek, phenytoin, pregabalin, primidone, subvenite, tiagabine, valproate, valproic acid, vigabatrin, vigadrone, vigpoder, zonisamide. Applies to new starts.

MULTIPLE SCLEROSIS AGENTS 2027

Products Affected

- AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR
- AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR
- 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
- 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 AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS
- 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	
Criteria	Trial of two of the following formulary products: (1) Betaseron (interferon beta-1b), (2) Glatopa (glatiramer acetate), (3) Tecfidera (Dimethyl Fumarate), (4) Gilenya (fingolimod), (5) Teriflunomide. Applies to new starts.

NASAL CORTICOSTEROIDS 2027

Products Affected

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

Details	
Criteria	Trial of three of the following generic formulary nasal corticosteroids: Mometasone, flunisolide, and fluticasone. Always applies.

NEXICLON XR 2027

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 generic clonidine tablets and formulary generic clonidine patches. Always applies.

NON-PREFERRED COLCHICINE 2027

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL
- MITIGARE CAPSULE 0.6 MG ORAL

Details	
Criteria	Trial of one formulary generic colchicine tablet or capsule. Always applies.

NON-PREFERRED GABAPENTIN 2027

Products Affected

- *gabapentin capsule 200 mg oral*
- RELGAABI CAPSULE 200 MG ORAL
- RELGAABI CAPSULE 300 MG ORAL
- RELGAABI CAPSULE 400 MG ORAL

Details	
Criteria	Trial of generic formulary gabapentin 100 mg and 300 mg capsule. Always applies.

NON-PREFERRED INSULIN 2027

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
- KIRSTY SOLUTION 100 UNIT/ML INJECTION
- KIRSTY SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- LYUMJEV SOLUTION 100 UNIT/ML INJECTION
- MERILOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- MERILOG SOLUTION 100 UNIT/ML SUBCUTANEOUS

Details	
Criteria	Trial of one of the following: Novolin, Novolog, Humalog, Humulin, Insulin Lispro. Always applies.

OIC AGENTS 2027

Products Affected

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

Details	
Criteria	Trial of two of the following: Movantik, formulary generic lubiprostone or formulary generic lactulose. Always Applies.

OPHTHALMIC PROSTAGLANDINS 2027

Products Affected

- *bimatoprost solution 0.01 % ophthalmic*
- IYUZEH SOLUTION 0.005 % OPHTHALMIC
- TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC
- XALATAN SOLUTION 0.005 % OPHTHALMIC
- ZOLYMBUS GEL 0.01 % OPHTHALMIC

Details	
Criteria	Trial of BOTH of the following: (1) A generic formulary ophthalmic prostaglandin product (latanoprost, travaprost, tafluprost) AND (2) One of the following: brand Lumigan 0.01%, Vyzulta or Zioptan. Always applies.

OPIOID STEP THERAPY 2027

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 tablet 10-300 mg oral*
- *oxycodone-acetaminophen tablet 5-300 mg oral*
- PERCOCET TABLET 10-325 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 2027

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
  ORAL

Details	
Criteria	Trial of generic formulary doxycycline. Always applies.

ORAL BISPHOSPHONATE AGENTS 2027

Products Affected

- ACTONEL TABLET 150 MG ORAL
- ACTONEL TABLET 35 MG ORAL
- ATELVIA TABLET DELAYED RELEASE 35 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 of the following generic formulary oral bisphosphonate products: Alendronate, ibandronate, and risedronate. Always applies.

ORAL NSAIDS 2027

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL
- DOLOBID TABLET 250 MG ORAL
- DOLOBID TABLET 375 MG ORAL
- ELYXYB SOLUTION 120 MG/4.8ML ORAL
- *fenoprofen calcium capsule 300 mg oral*
- FENOPRON CAPSULE 300 MG ORAL
- *ibuprofen tablet 300 mg oral*
- LODINE TABLET 400 MG ORAL
- LOFENA TABLET 25 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- RELAFEN DS TABLET 1000 MG ORAL

Details	
Criteria	Trial of two of the following generic formulary non-steroidal anti-inflammatory drugs (NSAIDs): ibuprofen, meloxicam tablet, piroxicam, sulindac tablet, diclofenac sodium tablet, etodolac, nabumetone. Always applies.

OVERACTIVE BLADDER 2027

Products Affected

- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL

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

PROTON PUMP INHIBITORS (PPIs) 2027

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *esomeprazole magnesium packet 2.5 mg oral*
- *esomeprazole magnesium packet 5 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 TABLET DELAYED RELEASE 20 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 40 MG ORAL
- *rabeprazole sodium tablet delayed release 20 mg oral*

Details	
Criteria	Trial of two generic formulary proton pump inhibitors: esomeprazole capsule, lansoprazole capsule, omeprazole capsule, pantoprazole tablet . Always applies.

QELBREE 2027

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.

RENIN INHIBITORS 2027

Products Affected

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

Details	
Criteria	Trial of aliskiren or two formulary generic angiotensin-converting-enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARB). Always Applies.

RYALTRIS 2027

Products Affected

- RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL

Details	
Criteria	Trial of both formulary generic olopatadine nasal spray and formulary generic mometasone nasal spray. Always applies.

SANCUSO 2027

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details	
Criteria	Trial of one formulary generic ondansetron or granisetron and one formulary generic aprepitant. Always applies.

SAVELLA 2027

Products Affected

- *milnacipran hcl tablet 100 mg oral*
- *milnacipran hcl tablet 12.5 mg oral*
- *milnacipran hcl tablet 25 mg oral*
- *milnacipran hcl tablet 50 mg oral*
- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL

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

SERTRALINE CAPSULE 2027

Products Affected

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

Details	
Criteria	UNDER CMS REVIEW

SGLT2 ANTI-DIABETICS 2027

Products Affected

- *dapagliflozin-saxagliptin tablet 10-5 mg oral*
- 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
- 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) dapagliflozin (Farxiga) or Xigduo XR AND (3) Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.

SGLT2 CARDIOVASCULAR 2027

Products Affected

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

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

SHORT ACTING GROWTH FACTOR 2027

Products Affected

- STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: Granix,Neupogen, Nivestym, Releuko, Zarxio. Always applies.

STATINS 2027

Products Affected

- 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
- *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: atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin. Always applies.

TETRACYCLINES 2027

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL
- EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40 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 of the following generic formulary products: doxycycline monohydrate immediate release tablets/capsules, doxycycline hyclate immediate release tablets/capsules, minocycline immediate release tablets/capsules, and tetracycline immediate release capsules. Always applies.

TETRACYCLINES TABLET 2027

Products Affected

- *tetracycline hcl tablet 250 mg oral*
- *tetracycline hcl tablet 500 mg oral*

Details	
Criteria	Trial of generic formulary oral tetracycline capsule product. Always applies.

TRULANCE 2027

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 2027

Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details	
Criteria	Trial of one formulary generic budesonide extended-release tablet . Always applies.

UZEDY 2027

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 2027

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 2027

Products Affected

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

Details	
Criteria	Trial of generic vilazodone and two of the following generic formulary drugs: Citalopram tablets, escitalopram tablets, fluoxetine , fluvoxamine immediate release tablets, paroxetine tablets, sertraline tablets, desvenlafaxine tablet, duloxetine capsules, venlafaxine hydrochloride immediate release tablets, and venlafaxine hydrochloride capsules. Applies to new starts.

XCOPRI 2027

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
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- XCOPRI TABLET 25 MG ORAL
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- 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	UNDER CMS REVIEW

XTORO 2027

Products Affected

- XTORO SUSPENSION 0.3 % OTIC

Details	
Criteria	Trial of three formulary generic otic drops: ciprofloxacin, ciprofloxacin-dexamethasone, ofloxacin, ciprofloxacin-fluocinolone acetonide or ciprofloxacin-hydrocortisone. Always applies.

ZONISADE 2027

Products Affected

- ZONISADE SUSPENSION 100 MG/5ML ORAL

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

ZUNVEYL 2027

Products Affected

- ZUNVEYL TABLET DELAYED RELEASE 10 MG ORAL
- ZUNVEYL TABLET DELAYED RELEASE 15 MG ORAL
- ZUNVEYL TABLET DELAYED RELEASE 5 MG ORAL

Details	
Criteria	Trial of one of the following formulary generic: donepezil, rivastigmine or galantamine. Always applies.

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