# adlarity

**Products Affected**

- ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH
- ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH

**Details**

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|---|---|
| **Criteria** | Coverage of Adlarity requires a trial of generic donepezil tablets or donepezil ODT. If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |

# arb step

**Products Affected**

- EDARBI 40 MG TABLET
- EDARBI 80 MG TABLET
- EDARBYCLOR 40 MG-12.5 MG TABLET
- EDARBYCLOR 40 MG-25 MG TABLET

**Details**

| | |
|---|---|
| **Criteria** | Coverage of certain branded Angiotensin-Receptor Blockers (ARB) and ARB combos requires a trial of two generic ARB or ARB combinations. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required. |

# bempedoic acid step

**Products Affected**

- NEXLETOL 180 MG TABLET
- NEXLIZET 180 MG-10 MG TABLET

**Details**

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|---|---|
| **Criteria** | Coverage of Nexletol or Nexlizet requires either (1) a trial of ONE of the following generic statins: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, or simvastatin, or (2) documentation patient cannot tolerate statins. For (1) above, if the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |

# penicillamine step

**Products Affected**

- *penicillamine 250 mg capsule*
- *trientine 250 mg capsule*
- *trientine 500 mg capsule*

**Details**

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| **Criteria** | Coverage of penicillamine capsules or trientine capsules requires a trial of penicillamine tablets (generic for Depen). If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |

# sglt2 step

**Products Affected**

- *dapagliflozin propaned 10 mg-metformin er 1,000 mg tablet,ext rel 24hr*
- *dapagliflozin propaned 5 mg-metformin er 1,000 mg tablet, ext rel 24hr*
- *dapagliflozin propanediol 10 mg tablet*
- *dapagliflozin propanediol 5 mg tablet*
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

**Details**

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|---|---|
| **Criteria** | Coverage of Jardiance, Synjardy, dapagliflozin (authorized generic of Farxiga), and dapagliflozin/metformin (authorized generic of Xigduo) requires a trial of brand Farxiga or brand Xigduo. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required. |

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