

ACTINIC KERATOSIS - SCORE

Products Affected

- Diclofenac Sodium GEL 3%

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod
----------	---

ANTIDEPRESSANTS - SCORE

Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack
- Venlafaxine Besylate Er

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram (tablet or solution), desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline (tablet or solution), venlafaxine hydrochloride. Approve for continuation of prior therapy.
-----------------	--

ATYPICAL ANTIPSYCHOTICS - SCORE

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Lybalvi
- Secuado

Details

Criteria	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.
-----------------	---

DPP4 INHIBITORS NON-PREFERRED - SCORE

Products Affected

- Saxagliptin Hydrochloride/metformin Hydrochloride Er

Details

Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
-----------------	--

FILGRASTIM - SCORE

Products Affected

- Granix
- Neupogen

Details

Criteria	Trial of Zarxio
----------	-----------------

INVEGA HAFYERA THERAPY - SCORE

Products Affected

- Invega Hafyera

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
-----------------	--

NAMZARIC - SCORE

Products Affected

- Memantine/donepezil Hydrochloride Er
- Namzaric

Details

Criteria	Trial of generic memantine extended-release
----------	---

RELISTOR - SCORE

Products Affected

- Relistor

Details

Criteria	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
----------	--

ZONISADE SUSPENSION - SCORE

Products Affected

- Zonisade

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
-----------------	---

Index Of Drugs

A

Actinic Keratosis - Score.....	1
Antidepressants - Score.....	2
Atypical Antipsychotics - Score.....	3
Auvelity.....	2

D

Diclofenac Sodium.....	1
Dpp4 Inhibitors Non-preferred - Score	4

E

Emsam.....	2
------------	---

F

Fanapt.....	3
Fanapt Titration Pack A	3
Fetzima.....	2
Fetzima Titration Pack	2
Filgrastim - Score	5

G

Granix.....	5
-------------	---

I

Invega Hafyera	6
Invega Hafyera Therapy - Score	6

L

Lybalvi	3
---------------	---

M

Memantine/donepezil Hydrochloride Er.....	7
---	---

N

Namzaric	7
Namzaric - Score.....	7
Neupogen	5

R

Relistor.....	8
Relistor - Score	8

S

Saxagliptin Hydrochloride/metformin Hydrochloride Er	4
Secuado	3

V

Venlafaxine Besylate Er	2
-------------------------------	---

Z

Zonisade.....	9
Zonisade Suspension - Score	9