ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Celexa TABS
- Effexor Xr CP24 150MG, 37.5MG, 75MG
- Pristiq
- Sertraline Hydrochloride CAPS
- Wellbutrin Sr
- Wellbutrin XL
- Zoloft TABS

Details

Criteria	Coverage will be provided if at least a 30-day supply of two of the following: formulary generic antidepressants, Fetzima (levomilnacipran), Trintellix (vortioxetine) has been tried.

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ARB - ARB COMBOS

Products Affected

- Arbli
- Atacand
- Atacand Hct
- Avalide
- Avapro TABS 150MG, 300MG
- Azor
- Benicar
- Benicar Hct
- Cozaar
- Diovan TABS
- Diovan Hct
- Exforge
- Exforge Hct
- Hyzaar
- Micardis Hct
- Tribenzor

Details

Criteria	Coverage will be provided if at least a 30-day supply of each of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products has been tried.

AUVI-Q

Products Affected

- Auvi-q INJ 0.15MG/0.15ML, 0.3MG/0.3ML

Details

Criteria	Coverage will be provided if at least a one-day supply of EpiPen (epinephrine injection) OR formulary generic epinephrine has been tried.

DOXYCYCLINE

Products Affected

- Doryx Mpc TBEC 60MG

Details

Criteria	Coverage will be provided if at least a 30-day supply of a formulary generic doxycycline has been tried.

DPP4 PRODUCTS

Products Affected

- Alogliptin
- Alogliptin/metformin Hcl
- Alogliptin/metformin Hydrochloride
- Alogliptin/pioglitazone TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG
- Brynovin
- Sitagliptin
- Sitagliptin/metformin Hydrochloride
- Zituvimet
- Zituvimet Xr
- Zituvio

Details

Criteria	Coverage will be provided if at least a 30-day supply of TWO of the following has been tried: sitagliptin (Januvia [sitagliptin], Janumet [sitagliptin/metformin hydrochloride], or Janumet XR [sitagliptin/metformin hydrochloride extended-release]), linagliptin (Tradjenta [linagliptin], Jentadueto [linagliptin/metformin hydrochloride], or Jentadueto XR [linagliptin/metformin hydrochloride extended-release]), saxagliptin, saxagliptin/metformin.

GOUT AET

Products Affected

- Febuxostat
- Uloric

Details

Criteria	Coverage will be provided if at least a 30-day supply of oral allopurinol has been tried.

HYPERLIPIDEMIA

Products Affected

- Atorvaliq
- Crestor
- Ezallor Sprinkle
- Flolipid
- Lescol XL
- Lipitor
- Livalo
- Vytorin
- Zocor TABS 10MG, 20MG, 40MG
- Zypitamag TABS 2MG, 4MG

Details

Criteria	Coverage will be provided if at least a 30-day supply of two of the following: formulary generic HMG CoA Reductase Inhibitors (statins) or formulary generic ezetimibe/simvastatin has been tried.

INSULINS

Products Affected

- Admelog Solostar
- Apidra Solostar
- Humalog
- Humalog Junior Kwikpen
- Humalog Kwikpen
- Humalog MIX 50/50 Kwikpen
- Humalog MIX 75/25
- Humalog MIX 75/25 Kwikpen
- Humalog Tempo Pen
- Humulin 70/30 INJ 30UNIT/ML; 70UNIT/ML
- Humulin 70/30 Kwikpen
- Humulin N
- Humulin N Kwikpen
- Insulin Aspart Protamine/insulin Aspart Flexpen
- Insulin Lispro Junior Kwikpen
- Insulin Lispro Kwikpen
- Insulin Lispro Protamine/insulin Lispro Kwikpen
- Kirsty
- Lyumjev Kwikpen
- Merilog Solostar
- Myxredlin
- Novolin 70/30 Flexpen Relion
- Novolin 70/30 Relion
- Novolin N Flexpen Relion
- Novolin N Relion
- Novolin R Flexpen Relion
- Novolog Flexpen Relion
- Novolog MIX 70/30 Prefilled Flexpen Relion
- Novolog MIX 70/30 Relion

Details

Criteria	Coverage will be provided if at least a 30-day supply of Fiasp, Novolin (non-Relion version), or Novolog (non-Relion version) has been tried OR have a documented contraindication to Fiasp, Novolin (non-Relion version), or Novolog (non-Relion version).

LONG-ACTING INSULIN

Products Affected

- Basaglar Kwikpen
- Insulin Degludec
- Insulin Degludec Flextouch
- Insulin Glargine Max Solostar
- Insulin Glargine Solostar INJ 300UNIT/ML
- Insulin Glargine-yfgn
- Rezvoglar Kwikpen
- Semglee
- Tresiba
- Tresiba Flextouch

Details

Criteria	Coverage will be provided if at least a 30-day supply of both of the following preferred agents has been tried: Lantus (insulin glargine) and Toujeo (insulin glargine).

LUZU

Products Affected

- Luliconazole
- Luzu

Details

Criteria	Coverage will be provided if at least a 14-day supply of topical ketoconazole or econazole has been tried.

MINOCYCLINE

Products Affected

- Minocycline Hcl TABS 100MG, 75MG
- Minocycline Hydrochloride TABS 50MG
- Minocycline Hydrochloride Er

Details

Criteria	Coverage will be provided if at least a 30-day supply of formulary generic minocycline IR capsules have been tried.

MOTOFEN

Products Affected

- Motofen

Details

Criteria	Coverage will be provided if at least a 10-day supply of formulary generic diphenoxylate/atropine has been tried.

NOAC

Products Affected

- Savaysa

Details

Criteria	Coverage will be provided if at least a 30-day supply of each of two of the following: Eliquis (apixaban), Pradaxa (dabigatran etexilate mesylate), Xarelto (rivaroxaban) have been tried.

NSAIDS

Products Affected

- Celebrex
- Dolobid TABS 250MG, 375MG
- Lodine TABS 400MG
- Relafen Ds
- Tolectin Ds

Details

Criteria	Coverage will be provided if at least a 14-day supply of each of two of the following: formulary generic Nonsteroidal Anti-inflammatory Drugs (NSAIDs) excluding generic diclofenac patches have been tried.

OSTEOPOROSIS

Products Affected

- Actonel TABS 150MG, 35MG
- Atelvia
- Binosto
- Fosamax TABS 70MG
- Fosamax Plus D

Details

Criteria	Coverage will be provided if at least a 30-day supply of two formulary generic oral bisphosphonates have been tried.

PLAVIX

Products Affected

- Plavix TABS 75MG

Details

Criteria	Coverage will be provided if at least a 30-day supply of formulary generic clopidogrel has been tried.

RESPIRATORY

Products Affected

- Advair Diskus AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT
- Asmanex Hfa
- Asmanex Twisthaler 120 Metered Doses
- Asmanex Twisthaler 14 Metered Doses
- Asmanex Twisthaler 30 Metered Doses
- Asmanex Twisthaler 60 Metered Doses
- Breyna
- Duaklir Pressair
- Fluticasone Propionate/salmeterol AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT
- Pulmicort Flexhaler
- Qvar Redihaler
- Symbicort
- Tudorza Pressair
- Umeclidinium Ellipta

Details

Criteria	Coverage will be provided if at least a 14-day supply of each of two of the following: budesonide/formoterol fumarate, fluticasone/salmeterol, fluticasone/vilanterol, umeclidinium/vilanterol, Advair HFA (fluticasone/salmeterol), Alvesco (ciclesonide), Anoro Ellipta (umeclidinium/vilanterol), Arnuity Ellipta (fluticasone furoate), Bevespi (glycopyrrolate/formoterol), Breo Ellipta (fluticasone/vilanterol), Breztri (budesonide/glycopyrrolate/formoterol), Dulera (mometasone furoate/formoterol fumarate), Incruse Ellipta (umeclidinium), Serevent Diskus (salmeterol), Stiolto Respimat (tiotropium/olodaterol), Striverdi Respimat (olodaterol), Trelegy Ellipta (fluticasone/umeclidinium bromide/vilanterol), Wixela (fluticasone/salmeterol powder) has been tried.

RYTARY AET

Products Affected

- Carbidopa/levodopa Er CPCR
- Crexont
- Rytary

Details

Criteria	Coverage will be provided if at least a 30-day supply of a generic immediate-release or extended-release carbidopa-levodopa containing tablet has been tried.

SGLT-2

Products Affected

- Invokana
- Steglatro

Details

Criteria	Coverage will be provided if at least a 30-day supply of either Jardiance (empagliflozin) OR Farxiga (dapagliflozin) has been tried.

SGLT-2 + METFORMIN

Products Affected

- Invokamet
- Invokamet Xr
- Segluromet
- Synjardy
- Synjardy Xr

Details

Criteria	Coverage will be provided if at least a 30-day supply of brand Xigduo XR or generic dapagliflozin/metformin extended release has been tried.

SINGULAIR

Products Affected

- Singulair

Details

Criteria	Coverage will be provided if at least a 30-day supply of formulary generic montelukast has been tried.

TIKOSYN

Products Affected

- Tikosyn

Details

Criteria	Coverage will be provided if at least a 30-day supply of formulary generic dofetilide has been tried.

TRIPTANS AET

Products Affected

- Frova
- Imitrex TABS
- Imitrex Statdose Refill
- Imitrex Statdose System
- Maxalt TABS 10MG
- Maxalt-mlt TBDP 10MG
- Onzetra Xsail
- Rizafilm
- Symbravo
- Tosymra
- Treximet TABS 500MG; 85MG
- Zembrace Symtouch
- Zomig SOLN

Details

Criteria	Coverage will be provided if at least a 14-day supply each of two formulary generic antimigraine agent triptans have been tried.

XADAGO

Products Affected

- Xadago

Details

Criteria	Coverage will be provided if at least a 30-day supply each of formulary generic selegiline and rasagiline have been tried.

XELPROS

Products Affected

- Iyuzeh
- Xalatan
- Xelpros

Details

Criteria	Coverage will be provided if at least a 7-day supply of formulary generic latanoprost has been tried.

ZIOPTAN

Products Affected

- Tafluprost
- Zioptan
- Zolymbus

Details

Criteria	Coverage will be provided if at least 7-day supply of formulary generic latanoprost has been tried.

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