

5-ASA

Products Affected

- DIPENTUM 250 MG CAPSULE
- LIALDA 1.2 GRAM TABLET, DELAYED RELEASE

Details

Criteria	You are required to have previous therapy with balsalazide, Delzicol, Apriso, or Asacol HD before we will cover Lialda or Dipentum.
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ANTIEMETICS

Products Affected

- *granisetron hcl 1 mg tablet*
- SANCUSO 3.1 MG/24 HOUR
TRANSDERMAL PATCH

Details

Criteria	You are required to have previous therapy with oral ondansetron before we will cover granisetron oral tablet or granisetron transdermal (Sancuso).
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BETA AGONIST INHALERS

Products Affected

- LEVALBUTEROL HFA 45
MCG/ACTUATION AEROSOL
INHALER

Details

Criteria	You are required to have previous therapy with Ventolin HFA before we will cover levalbuterol HFA.
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BETASERON AND REBIF

Products Affected

- BETASERON 0.3 MG SUBCUTANEOUS KIT
- REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE
- REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE
- REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.
- REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE

Details

Criteria	You are required to have previous therapy with (1) glatiramer (Copaxone) AND (2) either inteferon beta-1a (Avonex) or peginterferon beta-1a (Plegridy) before we will cover interferon beta-1b (Betaseron) or interferon beta-1a (Rebif).
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BISPHOSPHONATES

Products Affected

- *risedronate 150 mg tablet*
- *risedronate 35 mg tablet*
- *risedronate 35 mg tablet (12 pack)*
- *risedronate 35 mg tablet (4 pack)*
- *risedronate 35 mg tablet, delayed release*

Details

Criteria	You are required to have previous therapy with a generic oral bisphosphonate (e.g. alendronate or ibandronate) before we will cover risedronate (generic for Actonel or Atelvia).
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CLONAZEPAM ODT

Products Affected

- *clonazepam 0.125 mg disintegrating tablet*
- *clonazepam 0.25 mg disintegrating tablet*
- *clonazepam 0.5 mg disintegrating tablet*
- *clonazepam 1 mg disintegrating tablet*
- *clonazepam 2 mg disintegrating tablet*

Details

Criteria	You are required to have previous therapy with clonazepam before we will cover clonazepam ODT.
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CLOZAPINE ODT

Products Affected

- *clozapine 100 mg disintegrating tablet*
- *clozapine 12.5 mg disintegrating tablet*
- CLOZAPINE 150 MG
DISINTEGRATING TABLET
- CLOZAPINE 200 MG
DISINTEGRATING TABLET
- *clozapine 25 mg disintegrating tablet*

Details

Criteria	You are required to have previous therapy with clozapine tablets before we will cover clozapine ODT (Fazaclo).
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DAPAGLIFLOZIN

Products Affected

- FARXIGA 10 MG TABLET
- FARXIGA 5 MG TABLET
- XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE

Details

Criteria	You are required to have previous therapy with one canagliflozin-containing drug (e.g., Invokana, Invokamet) AND one empagliflozin-containing drug (e.g., Jardiance, Glyxambi, Synjardy) before we will cover dapagliflozin (Farxiga) or dapagliflozin/metformin (Xigduo XR).
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DESVENLAFAXINE

Products Affected

- DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE ER 50 MG TABLET,EXTENDED RELEASE 24 HR
- *desvenlafaxine succinate er 100 mg tablet,extended release 24 hr*
- *desvenlafaxine succinate er 25 mg tablet,extended release 24 hr*
- *desvenlafaxine succinate er 50 mg tablet,extended release 24 hr*
- KHEDEZLA 100 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 50 MG TABLET,EXTENDED RELEASE
- PRISTIQ 100 MG TABLET,EXTENDED RELEASE
- PRISTIQ 25 MG TABLET,EXTENDED RELEASE
- PRISTIQ 50 MG TABLET,EXTENDED RELEASE

Details

Criteria	You are required to have previous therapy with venlafaxine (IR or ER) AND 1 selective serotonin reuptake inhibitor (SSRI) such as sertraline or paroxetine (Paxil) before we will cover desvenlafaxine ER (Khedezla, Pristiq).
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FEBUXOSTAT

Products Affected

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	You are required to have previous therapy with allopurinol before we will cover febuxostat (Uloric).
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FIDAXOMICIN

Products Affected

- DIFICID 200 MG TABLET

Details

Criteria	You are required to have previous therapy with oral or intravenous vancomycin or oral metronidazole before we will cover fidaxomicin (Dificid).
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GLP-1 RECEPTOR AGONISTS

Products Affected

- BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR

Details

Criteria	You are required to have previous therapy with Trulicity or Victoza before we will cover Byetta or Bydureon.
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HYPNOTIC

Products Affected

- *zaleplon 10 mg capsule*
- *zaleplon 5 mg capsule*
- *zolpidem 10 mg tablet*
- *zolpidem 5 mg tablet*

Details

Criteria	You are required to have previous therapy with 1 of the following medications before we will cover zolpidem or zaleplon: trazodone, Rozerem, or Silenor.
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OPHTHALMIC PROSTAGLANDINS

Products Affected

- *bimatoprost 0.03 % eye drops*
- TRAVATAN Z 0.004 % EYE DROPS
- ZIOPTAN (PF) 0.0015 % EYE DROPS
IN A DROPPERETTE

Details

Criteria	You are required to have previous therapy with latanoprost before we will cover bimatoprost, Travatan Z, or tafluprost (Zioptan).
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PANCREATIC ENZYMES

Products Affected

- PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET
- VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET
- ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE,DELAYED RELEASE

Details

Criteria	You are required to have previous therapy with Creon before we will cover Pancreaze, Viokace, or Zenpep.
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PROTON PUMP INHIBITORS

Products Affected

- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE

Details

Criteria	You are required to have previous therapy with prescription omeprazole, lansoprazole, or pantoprazole before we will cover dexlansoprazole (Dexilant).
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SYMLIN

Products Affected

- SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR
- SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR

Details

Criteria	You are required to have previous therapy with insulin before we will cover Symlin.
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TEKTURNA

Products Affected

- TEKTURNA 150 MG TABLET
- TEKTURNA 300 MG TABLET
- TEKTURNA HCT 150 MG-12.5 MG TABLET
- TEKTURNA HCT 150 MG-25 MG TABLET
- TEKTURNA HCT 300 MG-12.5 MG TABLET
- TEKTURNA HCT 300 MG-25 MG TABLET

Details

Criteria	You are required to have previous therapy with an angiotensin-converting enzyme (ACE) inhibitor (e.g. lisinopril), or an ACE inhibitor combination product (e.g. lisinopril-HCTZ), or an angiotensin II Receptor Blocker (ARB)(e.g. Losartan), or an ARB combination product (e.g. Losartan-HCT) before we will cover Tekturna or Tekturna HCT.
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TERIPARATIDE

Products Affected

- FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR

Details

Criteria	You are required to have previous therapy with a bisphosphonate (e.g. alendronate) or raloxifene before we will cover teriparatide (Forteo).
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