

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.

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	Pending CMS Review
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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).

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.

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).

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.

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).

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
- Pertyze 16,000 unit-57,500 unit-60,500 unit capsule, delayed release
- Pertyze 4,000 unit-14,375 unit-15,125 unit capsule, delayed release
- Pertyze 8,000 unit-28,750 unit-30,250 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, Pertyze, 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).

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.

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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