

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	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).
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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.

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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