Aggrenox

Products Affected

- AGGRENOX CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ORAL
- *aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): clopidigrel. Step 2 Drug(s): Aggrenox (aspirin/extended-release dipyridamole). Applies to New Starts Only.

Aptiom - D

Products Affected

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, Roweepra IR\XR, Topiramate IR, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.

Cycloset

Products Affected

- CYCLOSET TABLET 0.8 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)

Dexilant

Products Affected

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

Details

Criteria	If the patient has tried ONE Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Dexilant (dexlansoprazole). New Starts

NP Bisphosphonates - B

Products Affected

- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- *risedronate sodium tablet 150 mg oral*
- *risedronate sodium tablet 30 mg oral*
- *risedronate sodium tablet 35 mg oral*
- *risedronate sodium tablet 35 mg oral (12 pack)*
- *risedronate sodium tablet 35 mg oral (4 pack)*
- *risedronate sodium tablet 5 mg oral*
- *risedronate sodium tablet delayed release 35 mg oral*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Risedronate, Fosamax plus D.

NP Fast Acting Insulin

Products Affected

- NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION
- NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION
- NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION
- NOVOLIN R SOLUTION 100 UNIT/ML INJECTION

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humulin N, R, 70 30, R 500 (pen/vial/cartridge). Step 2 Drug(s): Novolin N, R, 70 30 (pen/vial/cartridge). New starts Only.

NP OAB - H

Products Affected

- GELNIQUE GEL 10 % TRANSDERMAL TRANSDERMAL
- GELNIQUE PUMP GEL 10 %

Details

Criteria	If the patient has tried either Toviaz or Myrbetriq and one of the following: darifenacin ER, oxybutynin, oxybutynin solution, oxybutynin ER, tolterodine IR/ER, solifenacin, OR trospium IR/ER. Then Gelnique (oxybutynin) may be authorized.

NP Rapid Insulin

Products Affected

- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION
- INSULIN ASP PROT & ASP FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- INSULIN ASPART FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- INSULIN ASPART PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- INSULIN ASPART PROT & ASPART SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- INSULIN ASPART SOLUTION 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humalog (Insulin Lispro), Humalog Mix (Insulin Lispro/insulin lispro protamine). Step 2 Drug(s): Apidra (Insulin Glulisine), Novolog(Insulin Aspart), Novolog Mix (Insulin Aspart/insulin aspart protamine). New starts Only.

PERT Agents - C

Products Affected

- PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT ORAL
- PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800 UNIT ORAL
- PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000 UNIT ORAL
- PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600 UNIT ORAL
- PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200 UNIT ORAL
- PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT ORAL
- PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL
- PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000 UNIT ORAL
- PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Creon. Step 2 Drug(s): Pancreaze, Pertzye, and Zenpep. New Starts Only

Ranexa

Products Affected

- RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL
- RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL
- *ranolazine er tablet extended release 12 hour 1000 mg oral*
- *ranolazine er tablet extended release 12 hour 500 mg oral*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): any formulary Beta-blocker, Calcium-channel blocker, or Long-acting nitrate. Step 2 Drug(s): Ranexa (ranolazine)

Thioridazine HRM

Products Affected

- *thioridazine hcl tablet 10 mg oral*
- *thioridazine hcl tablet 100 mg oral*
- *thioridazine hcl tablet 25 mg oral*
- *thioridazine hcl tablet 50 mg oral*

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s):aripiprazole, Fanapt (iloperidone), Latuda, Olanzapine, paliperidone, Quetiapine, Risperidone, Ziprasidone. Step 2 Drug(s): Thioridazine. New Starts Only

Uloric

Products Affected

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Uloric . Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.

Viibryd

Products Affected

- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd (vilazodone), Viibryd Titration Pack(vilazodone). Applies to New Starts Only.

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