

Antidepressants - (s)

Products Affected

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- SERTRALINE HCL CAPSULE 150 MG ORAL
- SERTRALINE HCL CAPSULE 200 MG ORAL

Details

Details	
Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline (tablet or solution), venlafaxine. Approve for continuation of prior therapy.

Atypical Antipsychotics - (s)

Products Affected

- CAPLYTA CAPSULE 42 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria	Trial of two of the following oral generic formulary atypical antipsychotic agents: aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone, asenapine. Approve for continuation of prior therapy. Step requirement does not apply for Caplyta if request is for depressive episodes associated bipolar I or II disorder.
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BUPRENORPHINE/NALOXONE - s

Products Affected

- ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL
- ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL
- ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL
- ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL
- ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL
- ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL

Details

Details	
Criteria	Trial of generic buprenorphine/naloxone tablets and generic buprenorphine/naloxone film

DPP4 INHIBITORS NON-PREFERRED - s

Products Affected

- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL

Details

Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
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FILGRASTIM - (s)

Products Affected

- GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS
- GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS
- NEUPOGEN SOLUTION 300 MCG/ML INJECTION
- NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION

Details

Criteria	Trial or intolerance to Zarxio
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INHALED CORTICOSTEROID - s

Products Affected

- QVAR REDIMALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION
- QVAR REDIMALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION

Details

Criteria	Trial of: Arnuity Ellipta and either Flovent Diskus or Flovent HFA
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Invega Hafyera Therapy - s

Products Affected

- INVEGA HAFYERA SUSPENSION
PREFILLED SYRINGE 1092 MG/3.5ML
INTRAMUSCULAR
- INVEGA HAFYERA SUSPENSION
PREFILLED SYRINGE 1560 MG/5ML
INTRAMUSCULAR

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
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Leukotriene modifiers - (s)

Products Affected

- *zileuton er tablet extended release 12 hour 600 mg oral*

Details

Criteria	Trial of generic montelukast or generic zafirlukast
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NAMZARIC - s

Products Affected

- NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL

Details

Criteria	Trial of generic memantine extended-release
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PD agents -(s)

Products Affected

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

Criteria	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole
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Index of Drugs

C

CAPLYTA CAPSULE 42 MG ORAL 2

E

EMSAM PATCH 24 HOUR 12 MG/24HR

TRANSDERMAL 1

EMSAM PATCH 24 HOUR 6 MG/24HR

TRANSDERMAL 1

EMSAM PATCH 24 HOUR 9 MG/24HR

TRANSDERMAL 1

F

FANAPT TABLET 1 MG ORAL 2

FANAPT TABLET 10 MG ORAL 2

FANAPT TABLET 12 MG ORAL 2

FANAPT TABLET 2 MG ORAL 2

FANAPT TABLET 4 MG ORAL 2

FANAPT TABLET 6 MG ORAL 2

FANAPT TABLET 8 MG ORAL 2

FANAPT TITRATION PACK TABLET 1 & 2

& 4 & 6 MG ORAL 2

FETZIMA CAPSULE EXTENDED

RELEASE 24 HOUR 120 MG ORAL 1

FETZIMA CAPSULE EXTENDED

RELEASE 24 HOUR 20 MG ORAL 1

FETZIMA CAPSULE EXTENDED

RELEASE 24 HOUR 40 MG ORAL 1

FETZIMA CAPSULE EXTENDED

RELEASE 24 HOUR 80 MG ORAL 1

FETZIMA TITRATION CAPSULE ER 24

HOUR THERAPY PACK 20 & 40 MG

ORAL 1

G

GRANIX SOLUTION 300 MCG/ML

SUBCUTANEOUS 5

GRANIX SOLUTION 480 MCG/1.6ML

SUBCUTANEOUS 5

GRANIX SOLUTION PREFILLED

SYRINGE 300 MCG/0.5ML

SUBCUTANEOUS 5

GRANIX SOLUTION PREFILLED

SYRINGE 480 MCG/0.8ML

SUBCUTANEOUS 5

I

INVEGA HAFYERA SUSPENSION

PREFILLED SYRINGE 1092 MG/3.5ML

INTRAMUSCULAR 7

INVEGA HAFYERA SUSPENSION

PREFILLED SYRINGE 1560 MG/5ML

INTRAMUSCULAR 7

Formulary ID 22403 Version 15 Effective Date: 05/01/2022

UPPERCASE = Brand-name drug lowercase = generic drug

K

KOMBIGLYZE XR TABLET EXTENDED

RELEASE 24 HOUR 2.5-1000 MG ORAL

..... 4

KOMBIGLYZE XR TABLET EXTENDED

RELEASE 24 HOUR 5-1000 MG ORAL .4

KOMBIGLYZE XR TABLET EXTENDED

RELEASE 24 HOUR 5-500 MG ORAL... 4

L

LYBALVI TABLET 10-10 MG ORAL 2

LYBALVI TABLET 15-10 MG ORAL 2

LYBALVI TABLET 20-10 MG ORAL 2

LYBALVI TABLET 5-10 MG ORAL 2

N

NAMZARIC CAPSULE ER 24 HOUR

THERAPY PACK 7 & 14 & 21 & 28 -10

MG ORAL 9

NAMZARIC CAPSULE EXTENDED

RELEASE 24 HOUR 14-10 MG ORAL... 9

NAMZARIC CAPSULE EXTENDED

RELEASE 24 HOUR 21-10 MG ORAL... 9

NAMZARIC CAPSULE EXTENDED

RELEASE 24 HOUR 28-10 MG ORAL... 9

NAMZARIC CAPSULE EXTENDED

RELEASE 24 HOUR 7-10 MG ORAL.... 9

NEUPOGEN SOLUTION 300 MCG/ML

INJECTION 5

NEUPOGEN SOLUTION 480 MCG/1.6ML

INJECTION 5

NEUPOGEN SOLUTION PREFILLED

SYRINGE 300 MCG/0.5ML INJECTION 5

NEUPOGEN SOLUTION PREFILLED

SYRINGE 480 MCG/0.8ML INJECTION 5

NEUPRO PATCH 24 HOUR 1 MG/24HR

TRANSDERMAL 10

NEUPRO PATCH 24 HOUR 2 MG/24HR

TRANSDERMAL 10

NEUPRO PATCH 24 HOUR 3 MG/24HR

TRANSDERMAL 10

NEUPRO PATCH 24 HOUR 4 MG/24HR

TRANSDERMAL 10

NEUPRO PATCH 24 HOUR 6 MG/24HR

TRANSDERMAL 10

NEUPRO PATCH 24 HOUR 8 MG/24HR

TRANSDERMAL 10

Q
 QVAR REDIHALER AEROSOL BREATH
 ACTIVATED 40 MCG/ACT INHALATION
 6
 QVAR REDIHALER AEROSOL BREATH
 ACTIVATED 80 MCG/ACT INHALATION
 6

S
 SERTRALINE HCL CAPSULE 150 MG
 ORAL 1
 SERTRALINE HCL CAPSULE 200 MG
 ORAL 1

V
 VRAYLAR CAPSULE 1.5 MG ORAL 2
 VRAYLAR CAPSULE 3 MG ORAL 2
 VRAYLAR CAPSULE 4.5 MG ORAL 2
 VRAYLAR CAPSULE 6 MG ORAL 2

VRAYLAR CAPSULE THERAPY PACK 1.5
 & 3 MG ORAL 2

Z
 zileuton er tablet extended release 12 hour
 600 mg oral 8
 ZUBSOLV TABLET SUBLINGUAL 0.7-0.18
 MG SUBLINGUAL 3
 ZUBSOLV TABLET SUBLINGUAL 1.4-0.36
 MG SUBLINGUAL 3
 ZUBSOLV TABLET SUBLINGUAL 11.4-2.9
 MG SUBLINGUAL 3
 ZUBSOLV TABLET SUBLINGUAL 2.9-0.71
 MG SUBLINGUAL 3
 ZUBSOLV TABLET SUBLINGUAL 5.7-1.4
 MG SUBLINGUAL 3
 ZUBSOLV TABLET SUBLINGUAL 8.6-2.1
 MG SUBLINGUAL 3