

acid peptic

Products Affected

Step 2:

- ACIPHEX 20 MG TABLET,DELAYED RELEASE
- ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE SPRINKLE
- ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE SPRINKLE
- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE
- NEXIUM 20 MG CAPSULE,DELAYED RELEASE
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE
- NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP
- PREVACID 15 MG CAPSULE,DELAYED RELEASE
- PREVACID 30 MG CAPSULE,DELAYED RELEASE
- PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PROTONIX 20 MG TABLET,DELAYED RELEASE
- PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET
- PROTONIX 40 MG TABLET,DELAYED RELEASE

Details

Criteria	Patient needs to have a paid claim for a generic proton pump inhibitor.
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adhd stimulants-s

Products Affected

Step 2:

- ADDERALL 10 MG TABLET
- ADDERALL 12.5 MG TABLET
- ADDERALL 15 MG TABLET
- ADDERALL 20 MG TABLET
- ADDERALL 30 MG TABLET
- ADDERALL 5 MG TABLET
- ADDERALL 7.5 MG TABLET
- ADDERALL XR 10 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 15 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 20 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 25 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 30 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 5 MG
CAPSULE,EXTENDED RELEASE
- ADZENYS ER 1.25 MG/ML
SUSPENSION, EXTENDED RELEASE
24HR
- ADZENYS XR-ODT 12.5 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 15.7 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 18.8 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 3.1 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 6.3 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 9.4 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- APTENSIO XR 10 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 15 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 20 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 30 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 40 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 50 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 60 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- CONCERTA 18 MG TABLET,EXTENDED
RELEASE
- CONCERTA 27 MG TABLET,EXTENDED
RELEASE
- CONCERTA 36 MG TABLET,EXTENDED
RELEASE
- CONCERTA 54 MG TABLET,EXTENDED
RELEASE
- COTEMPLA XR-ODT 17.3 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 25.9 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 8.6 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- DAYTRANA 10 MG/9 HR DAILY PATCH
- DAYTRANA 15 MG/9 HR DAILY PATCH
- DAYTRANA 20 MG/9 HR DAILY PATCH
- DAYTRANA 30 MG/9 HR DAILY PATCH
- EVEKEO 10 MG TABLET
- EVEKEO 5 MG TABLET
- FOCALIN 10 MG TABLET
- FOCALIN 2.5 MG TABLET
- FOCALIN 5 MG TABLET
- FOCALIN XR 10 MG

- CAPSULE,EXTENDED RELEASE
- FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 10 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 20 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 30 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 40 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 50 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 60 MG CAPSULE,EXTENDED RELEASE
- METHYLIN 10 MG CHEWABLE TABLET
- METHYLIN 10 MG/5 ML ORAL SOLUTION
- METHYLIN 2.5 MG CHEWABLE TABLET
- METHYLIN 5 MG CHEWABLE TABLET
- METHYLIN 5 MG/5 ML ORAL SOLUTION
- MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR
- QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET
- QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR
- RITALIN 10 MG TABLET
- RITALIN 20 MG TABLET
- RITALIN 5 MG TABLET
- RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	Patient needs to have a paid claim for two generic formulary ADHD stimulant medications.
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antidepressants-s

Products Affected

Step 2:

- APLENZIN 174 MG TABLET,EXTENDED RELEASE
- APLENZIN 348 MG TABLET,EXTENDED RELEASE
- APLENZIN 522 MG TABLET,EXTENDED RELEASE
- DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE ER 50 MG TABLET,EXTENDED RELEASE 24 HR
- FETZIMA 120 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK
- FETZIMA 20 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG CAPSULE,EXTENDED RELEASE
- FORFIVO XL 450 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 100 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 50 MG TABLET,EXTENDED RELEASE
- PEXEVA 10 MG TABLET
- PEXEVA 20 MG TABLET
- PEXEVA 30 MG TABLET
- PEXEVA 40 MG TABLET
- PRISTIQ 100 MG TABLET,EXTENDED RELEASE
- PRISTIQ 25 MG TABLET,EXTENDED RELEASE
- PRISTIQ 50 MG TABLET,EXTENDED RELEASE
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	Patient needs to have a paid claim for TWO of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.
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antispasmodics-s

Products Affected

Step 2:

- DETROL LA 2 MG TABLET,EXTENDED RELEASE
- DETROL LA 4 MG CAPSULE,EXTENDED RELEASE
- ENABLEX 15 MG TABLET,EXTENDED RELEASE
- ENABLEX 7.5 MG TABLET,EXTENDED RELEASE
- GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET
- MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE
- OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH
- TOVIAZ 4 MG TABLET,EXTENDED RELEASE
- TOVIAZ 8 MG TABLET,EXTENDED RELEASE
- VESICARE 10 MG TABLET
- VESICARE 5 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary antispasmodic agent
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arb-s

Products Affected

Step 2:

- ATACAND 16 MG TABLET
- ATACAND 32 MG TABLET
- ATACAND 4 MG TABLET
- ATACAND 8 MG TABLET
- ATACAND HCT 16 MG-12.5 MG TABLET
- ATACAND HCT 32 MG-12.5 MG TABLET
- ATACAND HCT 32 MG-25 MG TABLET
- AVALIDE 150 MG-12.5 MG TABLET
- AVALIDE 300 MG-12.5 MG TABLET
- AVAPRO 150 MG TABLET
- AVAPRO 300 MG TABLET
- AVAPRO 75 MG TABLET
- BENICAR 20 MG TABLET
- BENICAR 40 MG TABLET
- BENICAR 5 MG TABLET
- BENICAR HCT 20 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-25 MG TABLET
- COZAAR 100 MG TABLET
- COZAAR 25 MG TABLET
- COZAAR 50 MG TABLET
- DIOVAN 160 MG TABLET
- DIOVAN 320 MG TABLET
- DIOVAN 40 MG TABLET
- DIOVAN 80 MG TABLET
- DIOVAN HCT 160 MG-12.5 MG TABLET
- DIOVAN HCT 160 MG-25 MG TABLET
- DIOVAN HCT 320 MG-12.5 MG TABLET
- DIOVAN HCT 320 MG-25 MG TABLET
- DIOVAN HCT 80 MG-12.5 MG TABLET
- EDARBI 40 MG TABLET
- EDARBI 80 MG TABLET
- EDARBYCLOR 40 MG-12.5 MG TABLET
- EDARBYCLOR 40 MG-25 MG TABLET
- ENTRESTO 24 MG-26 MG TABLET
- ENTRESTO 49 MG-51 MG TABLET
- ENTRESTO 97 MG-103 MG TABLET
- HYZAAR 100 MG-12.5 MG TABLET
- HYZAAR 100 MG-25 MG TABLET
- HYZAAR 50 MG-12.5 MG TABLET
- MICARDIS 20 MG TABLET
- MICARDIS 40 MG TABLET
- MICARDIS 80 MG TABLET
- MICARDIS HCT 40 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-25 MG TABLET
- TRIBENZOR 20 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-25 MG TABLET
- TRIBENZOR 40 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-5 MG-25 MG TABLET
- TWYNSTA 40 MG-10 MG TABLET
- TWYNSTA 40 MG-5 MG TABLET
- TWYNSTA 80 MG-10 MG TABLET
- TWYNSTA 80 MG-5 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary ARB or ARB-diuretic combination
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atopic dermatitis-s

Products Affected

Step 2:

- CAPEX 0.01 % SHAMPOO
- CORDRAN TAPE LARGE ROLL 4 MCG/CM2
- DESONATE 0.05 % TOPICAL GEL
- ELIDEL 1 % TOPICAL CREAM
- HALOG 0.1 % TOPICAL CREAM
- HALOG 0.1 % TOPICAL OINTMENT
- KENALOG 0.147 MG/GRAM TOPICAL AEROSOL
- LOCOID 0.1 % LOTION
- NOLIX 0.05 % LOTION
- PANDEL 0.1 % TOPICAL CREAM
- PROTOPIC 0.03 % TOPICAL OINTMENT
- PROTOPIC 0.1 % TOPICAL OINTMENT
- TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION
- *tacrolimus 0.03 % topical ointment*
- *tacrolimus 0.1 % topical ointment*
- TEXACORT 2.5 % TOPICAL SOLUTION
- TOPICORT 0.25 % TOPICAL SPRAY

Details

Criteria	Patient needs to have a paid claim for one formulary topical corticosteroid
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atypical antipsychotics-s

Products Affected

Step 2:

- ABILIFY 10 MG TABLET
- ABILIFY 15 MG TABLET
- ABILIFY 2 MG TABLET
- ABILIFY 20 MG TABLET
- ABILIFY 30 MG TABLET
- ABILIFY 5 MG TABLET
- ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- GEODON 20 MG CAPSULE
- GEODON 40 MG CAPSULE
- GEODON 60 MG CAPSULE
- GEODON 80 MG CAPSULE
- INVEGA 1.5 MG TABLET,EXTENDED RELEASE
- INVEGA 3 MG TABLET,EXTENDED RELEASE
- INVEGA 6 MG TABLET,EXTENDED RELEASE
- INVEGA 9 MG TABLET,EXTENDED RELEASE
- INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET
- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET
- RISPERDAL 0.25 MG TABLET
- RISPERDAL 0.5 MG TABLET
- RISPERDAL 1 MG TABLET
- RISPERDAL 1 MG/ML ORAL SOLUTION
- RISPERDAL 2 MG TABLET
- RISPERDAL 3 MG TABLET
- RISPERDAL 4 MG TABLET
- RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET
- SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 5 MG

SUBLINGUAL TABLET

- SEROQUEL 100 MG TABLET
- SEROQUEL 200 MG TABLET
- SEROQUEL 25 MG TABLET
- SEROQUEL 300 MG TABLET
- SEROQUEL 400 MG TABLET
- SEROQUEL 50 MG TABLET
- SEROQUEL XR 150 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 200 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 300 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 400 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 50 MG
TABLET,EXTENDED RELEASE
- ZYPREXA 10 MG TABLET
- ZYPREXA 15 MG TABLET
- ZYPREXA 2.5 MG TABLET
- ZYPREXA 20 MG TABLET
- ZYPREXA 5 MG TABLET
- ZYPREXA 7.5 MG TABLET
- ZYPREXA ZYDIS 10 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 15 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 20 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 5 MG
DISINTEGRATING TABLET

Details

Criteria	Patient needs to have a paid claim for one (1) generic formulary atypical antipsychotic agent
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dificid-s

Products Affected

Step 2:

- DIFICID 200 MG TABLET

Details

Criteria	Patient needs to have a paid claim for generic oral vancomycin
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duto-**pro**-s

Products Affected

Step 2:

- DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE
- DUTOPROL 25 MG-12.5 MG • DUTOPROL 50 MG-12.5 MG

Details

Criteria	Patient needs to have a paid claim for one generic formulary beta-blocker-diuretic combination or metoprolol XL
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EPINEPHRINE AUDIBLE INJ - STEP

Products Affected

Step 2:

- AUVI-Q 0.15 MG/0.15 ML INJECTION,AUTO-INJECTOR
- AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR

Details

Criteria	PRIOR CLAIM FOR 2 OF THE FOLLOWING: GENERIC EPINEPHRINE AUTO-INJECTOR AND EPIPEN/EPIPEN JR WITHIN THE PAST 365 DAYS.
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glp1 inhibitors-s

Products Affected

Step 2:

- ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR
- ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-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
- TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR FORMULARY VERSION OF METFORMIN, METFORMIN ER, GLYBURIDE, METFORMIN/GLYBURIDE, OR METFORMIN/GLIPIZIDE.
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hyperlipidemic-c-modot

Products Affected

Step 2:

- ALTOPREV 20 MG TABLET,EXTENDED RELEASE
- ALTOPREV 40 MG TABLET,EXTENDED RELEASE
- ALTOPREV 60 MG TABLET,EXTENDED RELEASE
- ANTARA 30 MG CAPSULE
- ANTARA 90 MG CAPSULE
- COLESTID 1 GRAM TABLET
- COLESTID 5 GRAM ORAL PACKET
- COLESTID FLAVORED 7.5 GRAM PACKET
- CRESTOR 10 MG TABLET
- CRESTOR 20 MG TABLET
- CRESTOR 40 MG TABLET
- CRESTOR 5 MG TABLET
- FENOGLIDE 120 MG TABLET
- FENOGLIDE 40 MG TABLET
- FIBRICOR 105 MG TABLET
- FIBRICOR 35 MG TABLET
- LESCOL 20 MG CAPSULE
- LESCOL 40 MG CAPSULE
- LESCOL XL 80 MG TABLET,EXTENDED RELEASE
- LIPITOR 10 MG TABLET
- LIPITOR 20 MG TABLET
- LIPITOR 40 MG TABLET
- LIPITOR 80 MG TABLET
- LIPOFEN 150 MG CAPSULE
- LIPOFEN 50 MG CAPSULE
- LIVALO 1 MG TABLET
- LIVALO 2 MG TABLET
- LIVALO 4 MG TABLET
- LOPID 600 MG TABLET
- NIASPAN 1,000 MG TABLET,EXTENDED RELEASE
- NIASPAN 500 MG TABLET,EXTENDED RELEASE
- NIASPAN 750 MG TABLET,EXTENDED RELEASE
- PRAVACHOL 20 MG TABLET
- PRAVACHOL 40 MG TABLET
- PRAVACHOL 80 MG TABLET
- QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET
- QUESTRAN LIGHT 4 GRAM ORAL POWDER
- TRICOR 145 MG TABLET
- TRICOR 48 MG TABLET
- TRIGLIDE 160 MG TABLET
- TRILIPIX 135 MG CAPSULE,DELAYED RELEASE
- TRILIPIX 45 MG CAPSULE,DELAYED RELEASE
- VYTORIN 10 MG-10 MG TABLET
- VYTORIN 10 MG-20 MG TABLET
- VYTORIN 10 MG-40 MG TABLET
- ZOCOR 10 MG TABLET
- ZOCOR 20 MG TABLET
- ZOCOR 40 MG TABLET
- ZOCOR 5 MG TABLET
- ZOCOR 80 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic antihyperlipdemic agent.
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IRENKA

Products Affected

Step 2:

- IRENKA 40 MG CAPSULE,DELAYED
RELEASE

Details

Criteria	Patient needs to have a paid claim for generic duloxetine
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LISINOPRIL ORAL SOLUTION

Products Affected

Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 DAYS.
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METHOTREXATE AUTO INJECTOR

Products Affected

Step 2:

- OTREXUP (PF) 10 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 12.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 15 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 17.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 20 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 22.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 25 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 10 MG/0.2 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 12.5 MG/0.25 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 15 MG/0.3 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 17.5 MG/0.35 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 20 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 22.5 MG/0.45 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 25 MG/0.5 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 27.5 MG/0.55 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 30 MG/0.6 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 7.5 MG/0.15 ML
SUBCUTANEOUS AUTO-INJECTOR

Details

Criteria	Patient needs to have a paid claim for an oral AND non-autoinjector injectable methotrexate product
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neupro-s

Products Affected

Step 2:

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

Details

Criteria	Patient needs to have a paid claim for one generic formulary dopamine agonist agent
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ophthalmic prostaglandins-s

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- TRAVATAN Z 0.004 % EYE DROPS
- ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE

Details

Criteria	Patient needs to have a paid claim for one generic formulary ophthalmic prostaglandin product.
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oral acne-s

Products Affected

Step 2:

- DORYX 200 MG TABLET,DELAYED RELEASE
- DORYX 50 MG TABLET,DELAYED RELEASE
- DORYX MPC 120 MG TABLET, DELAYED RELEASE
- SOLODYN 105 MG TABLET,EXTENDED RELEASE
- SOLODYN 115 MG TABLET,EXTENDED RELEASE
- SOLODYN 55 MG TABLET,EXTENDED RELEASE
- SOLODYN 65 MG TABLET,EXTENDED RELEASE
- SOLODYN 80 MG TABLET,EXTENDED RELEASE
- TARGADOX 50 MG TABLET

Details

Criteria	
	Patient needs to have a paid claim for one generic formulary agent in the oral tetracycline class.

sedative hypnotics-s

Products Affected

Step 2:

- AMBIEN 10 MG TABLET
- AMBIEN 5 MG TABLET
- AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE
- AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE
- EDLUAR 10 MG SUBLINGUAL TABLET
- EDLUAR 5 MG SUBLINGUAL TABLET
- INTERMEZZO 1.75 MG SUBLINGUAL TABLET
- INTERMEZZO 3.5 MG SUBLINGUAL TABLET
- LUNESTA 1 MG TABLET
- LUNESTA 2 MG TABLET
- LUNESTA 3 MG TABLET
- ROZEREM 8 MG TABLET
- ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY

Details

Criteria	Patient needs to have a paid claim for one generic sedative hypnotic agent.
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SIMVASTATIN ORAL SOLUTION

Products Affected

Step 2:

- FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION

Details

Criteria	Prior claim of generic simvastatin within the past 120 days
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triptans-s

Products Affected

Step 2:

- AMERGE 1 MG TABLET
- AMERGE 2.5 MG TABLET
- AXERT 12.5 MG TABLET
- AXERT 6.25 MG TABLET
- FROVA 2.5 MG TABLET
- IMITREX 100 MG TABLET
- IMITREX 20 MG/ACTUATION NASAL SPRAY
- IMITREX 25 MG TABLET
- IMITREX 5 MG/ACTUATION NASAL SPRAY
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- ZOMIG ZMT 5 MG DISINTEGRATING TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary serotonin 5-HT1 receptor antagonist (triptans)
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Products Affected

Step 2:

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	Patient needs to have a paid claim for allopurinol
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TWYNSTA 40 MG-5 MG TABLET	7	ZYPREXA 7.5 MG TABLET	9
TWYNSTA 80 MG-10 MG TABLET	7	ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET	9
TWYNSTA 80 MG-5 MG TABLET	7	ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET	9
ULORIC 40 MG TABLET	25	ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET	9
ULORIC 80 MG TABLET	25	ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET	9
VESICARE 10 MG TABLET	6		
VESICARE 5 MG TABLET	6		
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	14		
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	5		
VIIBRYD 10 MG TABLET	5		
VIIBRYD 20 MG TABLET	5		
VIIBRYD 40 MG TABLET	5		
VYTORIN 10 MG-10 MG TABLET	15		
VYTORIN 10 MG-20 MG TABLET	15		
VYTORIN 10 MG-40 MG TABLET	15		
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	24		
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE	20		
ZOCOR 10 MG TABLET	15		
ZOCOR 20 MG TABLET	15		
ZOCOR 40 MG TABLET	15		
ZOCOR 5 MG TABLET	15		
ZOCOR 80 MG TABLET	15		
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	22		
ZOMIG 2.5 MG NASAL SPRAY	24		
ZOMIG 2.5 MG TABLET	24		
ZOMIG 5 MG NASAL SPRAY	24		
ZOMIG 5 MG TABLET	24		
ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET	24		
ZOMIG ZMT 5 MG DISINTEGRATING TABLET	24		
ZYPREXA 10 MG TABLET	9		
ZYPREXA 15 MG TABLET	9		