

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
<b>CLINICAL EDITS FOR IMPLEMENTATION</b>		
Caplyta 42mg Capsule	Lumateperone Tosylate	<p>Indicated for the treatment of schizophrenia in adults.</p> <p><b>Antipsychotics – 2nd Generation (Atypicals) Clinical Edit</b></p> <p><b>Psychotropic Medications Polypharmacy Clinical Edit</b></p> <p><b>15 Day First Fill Fiscal Edit</b></p> <p><b>Dose Opt - 1 per day</b></p>
<p>Palforzia 0.5mg to 6mg Initial Dose Pack</p> <p>Palforzia 3mg Capsule (Level 1)</p> <p>Palforzia 6mg Capsule (Level 2)</p> <p>Palforzia 12mg Capsule (Level 3)</p> <p>Palforzia 20mg Capsule (Level 4)</p> <p>Palforzia 40mg Capsule (Level 5)</p> <p>Palforzia 80mg Capsule (Level 6)</p> <p>Palforzia 120mg Capsule (Level 7)</p> <p>Palforzia 160mg Capsule (Level 8)</p> <p>Palforzia 200mg Capsule (Level 9)</p> <p>Palforzia 240mg Capsule (Level 10)</p> <p>Palforzia 300mg Capsule (Level 11)</p> <p>Palforzia 300mg Capsule (Maintenance)</p>	Peanut Allergen Powder	<p>Indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut.</p> <p><b>Approval Criteria:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of peanut allergy within the past 2 years (ICD-10 Z91.010)</li> <li>• Aged 4-17 YEARS (must be 4-17 to initiate treatment; (may continue past 17 years of age if started before reaching 18)</li> <li>• Prescribed by or in consultation with an allergist</li> <li>• Absence of asthma diagnosis with evidence of inadequate control (ICD-10 J45.xxx), history of eosinophilic esophagitis (ICD-10 K20.0) and other eosinophilic gastrointestinal diseases (ICD-10 K52.8x) within the past 2 years</li> <li>• Claim for epinephrine within the past 1 year</li> <li>• Provider attests to compliance with REMS program <ul style="list-style-type: none"> <li>o Initial Dose Escalation and the first dose of each Up-Dosing level will only be dispensed and administered in a certified healthcare setting equipped to monitor patients for at least 60 minutes and to identify and manage anaphylaxis</li> <li>o Participant is informed of the need: <ul style="list-style-type: none"> <li>☑ To have injectable epinephrine available for immediate use at all times</li> <li>☑ For monitoring with the Initial Dose Escalation and first dose of each Up-Dosing level</li> <li>☑ For continued dietary peanut avoidance</li> <li>☑ To recognize the signs and symptoms of anaphylaxis</li> </ul> </li> </ul> </li> <li>• Initial approval period of 3 months</li> <li>• Continuation of Therapy: Compliant with dosing regimen (30/60 days)</li> </ul>

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Teriparatide 620mcg/2.48ml Pen	Teriparatide	Indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, multiple risk factors for fracture, or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, teriparatide injection reduces the risk of vertebral and nonvertebral fractures <b>Parathyroid Hormone and Bone Resorption Suppression Related Agents Clinical Edit Requires trial of Forteo and explanation on why the patient can't take Forteo.</b>
<b>FISCAL EDIT</b>		
Talicia 10-250-12.5mg Capsules	Omeprazole/Amoxicillin/Rifabutin	Indicated for the treatment of Helicobacter pylori infection in adults. <b>High Cost Kits Fiscal Edit</b>
<b>OPEN ACCESS</b>		
Bivalirudin 250mg/50ml Vial	Bivalirudin	Inhibitor indicated for use as an anticoagulant in patients 1) with unstable angina undergoing percutaneous transluminal coronary angioplasty (PTCA); 2) undergoing percutaneous coronary intervention (PCI) with provisional use of glycoprotein IIb/IIIa inhibitor (GPI) as in the REPLACE-2 study; 3) with, or at risk of, heparin-induced thrombocytopenia (HIT) or heparin-induced thrombocytopenia and thrombosis syndrome (HITS), undergoing PCI.
Divigel 1.25mg Gel Packet	Estradiol	Indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.
Fetroja 1gm Vial	Cefiderocol Sulfate Tosylate	Indicated in patients 18 years of age or older who have limited or no alternative treatment options, for the treatment of complicated urinary tract infections (cUTI), including pyelonephritis caused by susceptible Gram-negative microorganisms.
Potassium Phosphates 3mmol/ml Vial	Potassium Phos,M-Basic-D-Basic	Indicated to correct hypophosphatemia in adults and pediatric patients 12 years of age and older when oral or enteral replacement is not possible, insufficient or contraindicated.
Recarbrio 1.25gm Vial	Imipenem/Cilastatin/Relebactam	Indicated in patients 18 years of age and older who have limited or no alternative treatment options, for the treatment of the following infections caused by susceptible gram-negative bacteria: <ul style="list-style-type: none"> <li>• Complicated urinary tract infections, including pyelonephritis (cUTI)</li> <li>• Complicated intra-abdominal infections (cIAI)</li> </ul>
<b>PDL EDITS FOR IMPLEMENTATION</b>		

Amzeeq 4% Foam	Minocycline HCl	Indicated to treat inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 9 years of age and older. <b>Tetracyclines PDL - Non-Preferred</b>
COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PDL EDITS FOR IMPLEMENTATION CONTINUED		
Arazlo 0.045 % Lotion	Tazarotene	Indicated for the topical treatment of acne vulgaris in patients 9 years of age and older. <b>Retinoids – Topical PDL - Non-Preferred</b>
Asmanex HFA 50mcg Inhaler	Mometasone Furoate	Indicated for maintenance treatment of asthma as prophylactic therapy in patients 5 years of age and older. <b>Corticosteroids Oral - Inhaled PDL - Non-Preferred</b>
Dulera 50mcg-5mcg Inhaler	Mometasone/Formoterol	indicated for treatment of asthma in patients 5 years of age and older. <b>Corticosteroids Oral - Inhaled PDL - Non-Preferred</b>
Glucagon Emergency Kit	Glucagon HCl	Indicated: <ul style="list-style-type: none"> <li>• for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes</li> <li>• as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract in adult patients</li> </ul> <b>Hypoglycemia PDL – Non-Preferred</b> <b>Must have T/F of Glucagon Kit/Vial (GCN 25473/38585) AND Baqsimi (GCN 46726)</b>
Jatenzo 158mg Capsule Jatenzo 198mg Capsule Jatenzo 237mg Capsule	Testosterone Undecanoate	Indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. <b>Androgenic Agents PDL - Non-Preferred</b>

Nurtec ODT 75mg Tablet	Rimegepant Sulfate	Indicated for the acute treatment of migraine with or without aura in adults. <b>Approval criteria:</b> Documented diagnosis of migraine in the past 2 years (ICD-10: G43.xxx) AND Participants ≥ 18 years of age or older AND Prescribed by a neurologist or in consultation with a neurologist or other appropriate specialist AND Trial with an inadequate response or intolerance to 2 (based on preferred PDL agents) triptan agents at up to maximally indicated doses, unless contraindicated (i.e. ischemic heart disease, stroke, uncontrolled hypertension) or clinically significant adverse effects are experienced AND Trial with an inadequate response or intolerance to 1 preferred acute migraine treatment (i.e. Ubrelvy or Reyvow) or clinically significant adverse effects are experienced AND Max 8 tabs per month
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<b>PDL EDITS FOR IMPLEMENTATION CONTINUED</b>		
Quzyttir 10mg/ml Vial	Cetirizine HCl	Indicated for the treatment of acute urticaria in adults and children 6 months of age and older. <b>Antihistamines – Low Sedating PDL - Non-Preferred</b> <b>T/F of 2 second generation antihistamines and t/f of injectable diphenhydramine</b>
Reyvow 50mg Tablet Reyvow 100mg Tablet	Lasmiditan Succinate	Indicated for the acute treatment of migraine with or without aura in adults. <b>Approval criteria:</b> - Documented diagnosis of migraine in past 2 years - Patient > 18 years of age - History of > 4 migraines per month - T/f with 2 or more triptan agents (unless CI/ADE/ADR to triptan) – trial will NOT specify ‘preferred triptan’ - Compliance on current regimen? – 15/60 days - Quantity limit per 30 days: 50 mg: 4 tablets; 100 mg: 8 tablets (to accommodate 200 mg max dose) - Absence of severe hepatic impairment (Child-Pugh Class C)

Riomet ER 500mg/5ml Suspension	Metformin HCl	Indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus. <b>Oral Antidiabetics: Biguanides PDL - Non-Preferred</b> <b>Clinical Consultant Review - Why can't the patient use tablets? Review profile for other oral tablets or capsules.</b>
Tramadol 100mg Tablet	Tramadol HCl	Indicated in adults for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. <b>Tramadol-Like Agents PDL - Non-Preferred</b>
Trijardy XR 5-2.5-1000mg Tablet Trijardy XR 12.5-2.5-1000mg Tablet Trijardy XR 10-5-1000mg Tablet Trijardy XR 25-5-1000mg Tablet	Empaglifloz/Linagliptin/Metformin	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. <b>Oral Antidiabetic Combos PDL Edit - Non-Preferred</b> <b>Must also provide reason why combo product is necessary vs taking ingredients separately.</b>
Ubrelvy 50mg Tablet Ubrelvy 100mg Tablet	Ubrogepant	Indicated for the acute treatment of migraine with or without aura in adults. <b>CGRP Inhibitors PDL - Non-Preferred</b> <b>T/F of 2 triptans and limit of 8 tablets per 30 days</b>
Vyepti 100mg/ml Vial	Eptinezumab-Jjmr	Indicated for the preventive treatment of migraine in adults. <b>CGRP Inhibitors PDL - Non-Preferred</b>
<b>COMMON TRADE NAME</b>	<b>GENERIC NAME</b>	<b>INDICATIONS</b>
<b>PDL EDITS FOR IMPLEMENTATION CONTINUED</b>		
Xeljanz XR 22mg Tablet	Tofacitinib Citrate	<ul style="list-style-type: none"> <li>• <b>Rheumatoid Arthritis:</b> indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate. It may be used as monotherapy or in combination with methotrexate or other nonbiologic disease-modifying antirheumatic drugs (DMARDs).</li> <li>• <b>Psoriatic Arthritis:</b> indicated for the treatment of adult patients with active psoriatic arthritis who have had an inadequate response or intolerance to methotrexate or other disease-modifying antirheumatic drugs (DMARDs).</li> <li>• <b>Ulcerative Colitis:</b> indicated for the treatment of adult patients with moderately to severely active ulcerative colitis (UC), who have had an inadequate response or who are intolerant to TNF blockers.</li> </ul> <b>Targeted Immune Modulators PDL - Non-Preferred</b> <b>follow criteria in TIMS edit for Xeljanz XR</b>
Zerviate 0.24 % Droperette	Cetirizine HCl	Indicated for treatment of ocular itching associated with allergic conjunctivitis. <b>Antihistamines - Ophthalmic PDL - Non-Preferred</b>
<b>PRIOR AUTHORIZATION</b>		

Absorica LD 8mg Capsule Absorica LD 16mg Capsule Absorica LD 24mg Capsule Absorica LD 32mg Capsule	Isotretinoin, Micronized	Indicated for the treatment of severe recalcitrant nodular acne in non-pregnant patients 12 years of age and older with multiple inflammatory nodules with a diameter of 5 mm or greater. <b>Must have at least a 3 month trial of a generic isotretinoin product prior to approval.</b>
Procysbi 75mg Granule Packet Procysbi 300mg Granule Packet	Cysteamine Bitartrate	Indicated for the treatment of nephropathic cystinosis in adults and pediatric patients 1 year of age and older. <b>Patients MUST use capsules and follow the criteria listed. For patients who have difficulty swallowing capsules, the capsules can be opened and mixed with applesauce, berry jelly or fruit juice.</b>

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Tepezza 500mg Vial	Teprotumumab-Trbw	<p>Indicated for the treatment of Thyroid Eye Disease.</p> <p><b>Initial Therapy:</b></p> <ul style="list-style-type: none"> <li>• Participant aged 18 years or older AND</li> <li>• Prescribed by or in consultation with an ophthalmologist or other appropriate specialist for the disease state AND</li> <li>• Documented diagnosis of Graves' disease (ICD10 E05.00) AND</li> <li>• Documentation of active moderate to severe TED defined as two or more of the following: <ul style="list-style-type: none"> <li>o Lid retraction of &gt;2mm</li> <li>o Moderate or severe soft-tissue involvement</li> <li>o Proptosis ≥3mm above ULN for race and sex</li> <li>o Periodic or constant diplopia</li> <li>o Documented diagnosis of exophthalmos (ICD10 H05.241, H05.242, H05.243, H05.249) AND</li> </ul> </li> <li>• Documentation of labs reporting participant is euthyroid prior to initiation of treatment AND</li> <li>• For participants with a diagnosis of diabetes, adequately controlled blood glucose prior to initiation of treatment AND</li> <li>• Participant is currently not pregnant AND</li> <li>• Documentation of baseline Clinical Activity Score report ≥4 AND</li> <li>• Adequate therapeutic trial of glucocorticoids (defined as at least 3 months of therapy) OR ADEs/ADRS/intolerance/CIs AND</li> <li>• Quantity limit of 8 doses per lifetime AND</li> <li>• Approval granted for 3 months</li> </ul> <p><b>Continuation of Therapy:</b></p> <ul style="list-style-type: none"> <li>• Additional approval granted for 3 months with the documentation of the following: <ul style="list-style-type: none"> <li>o Positive change from baseline characteristics (i.e. decrease in lid retraction, proptosis, diplopia, Clinical Activity Score report, increase in quality of life) AND</li> <li>o Stable thyroid and blood glucose levels AND</li> <li>o Negative pregnancy test</li> </ul> </li> </ul>
Valtoco 5mg/Spray Nasal Spray Valtoco 10mg/Spray Nasal Spray Valtoco 15mg/Spray Nasal Spray Valtoco 20mg/Spray Nasal Spray	Diazepam	<p>Indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 6 years of age and older.</p> <p><b>Requires diagnosis of seizure disorder and trial of generic Diastat. Ask why Diastat (generic) can't be used and if the seizures are different from previous seizures (if they have a history of seizures).</b></p>
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<b>PRIOR AUTHORIZATION CONTINUED</b>		

Xepi 1% Cream	Ozenoxacin	Indicated for the topical treatment of impetigo due to Staphylococcus aureus or Streptococcus pyogenes in adult and pediatric patients 2 months of age and older. <b>PA criteria:</b> <ul style="list-style-type: none"><li>• <b>Diagnosis of impetigo</b></li><li>• <b>Age 2 months and older</b></li><li>• <b>Treatment duration of 5 days</b></li><li>• <b>Trial and failure of mupirocin</b></li></ul>
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