

Market Events Program

Therapy Class	Brand Name	Chemical Name and Dosage Form	Commercial FE Criteria	Approval Duration	2019 NPF Excluded Medication	Market Events Program
Topical Dermatological Drugs - Miscellaneous	Alcortin A	hydrocortisone 2%/ iodoquinol 1%/ aloes 1% gel	Approve if the patient has tried three single-entity corticosteroid topical agents (e.g., hydrocortisone cream/lotion/ointment [multiple brand and generic products], betamethasone cream/ointment/lotion [Diprolene, generics], clobetasol cream/gel/lotion [Temovate, Clobex, generics], fluocinolone ointment/cream [Synalar, generics], fluocinonide cream/ointment/gel [generics], mometasone cream/lotion/ointment [Elocon, generics], triamcinolone cream/ointment/lotion [generics]) AND one prescription topical anti-infective agent (e.g., mupirocin 2% cream [Bactroban, generics], mupirocin 2% ointment [Bactroban, generics], Centany ointment, Centany AT ointment, Altanax ointment).	1 year	Yes	Yes
Direct Muscle Relaxants	Amrix and generic	cyclobenzaprine extended-release 15 mg and 30 mg capsule	Approve if the patient has tried and cannot take cyclobenzaprine 5 mg or 10 mg tablets (generics), if formulary. If cyclobenzaprine 5 mg or 10 mg tablets (generics) are non-formulary, approve.	1 year		Yes
Epinephrine Self-Administered Injectables	Auvi-Q	epinephrine 0.15 mg and 0.3 mg auto-injector	1. Approve if the patient has tried and could not appropriately administer two products from the following list, if two are formulary (or one product if only one is formulary): EpiPen/EpiPen Jr. or epinephrine auto-injector (generics or authorized generics). If none are	1 year	Yes	Yes-see Epinephrine Auto-Injectors Step Therapy

			formulary, approve. <b>NOTE:</b> EpiPen and EpiPen Jr. only count as one agent. 2. Approve if the patient or his/her caregiver is blind or significantly visually-impaired.			
Epinephrine Self-Administered Injectables	Auvi-Q	epinephrine 0.1 mg auto-injector	1. Approve if the patient has tried and could not appropriately administer two products from the following list, if two are formulary (or one product if only one is formulary): EpiPen/EpiPen Jr. or epinephrine auto-injector (generics or authorized generics). If none are formulary, approve. <b>NOTE:</b> EpiPen and EpiPen Jr. only count as one agent. 2. Approve if the patient or his/her caregiver is blind or significantly visually-impaired. 3. Patient weighs less than 33 pounds (15 kg): approve.	1 year	Yes	Yes-see Epinephrine Auto-Injectors Step Therapy
Direct Muscle Relaxants	chlorzoxazone	chlorzoxazone 250 mg and 750 mg tablets	No exceptions are recommended. • Direct requests to the 500 mg tablets.	N/A		Yes
Calcium Channel Blockers (CCBs)/Non-Steroidal Anti-inflammatories (NSAIDs)	Consensi	amlodipine and celecoxib tablets	Approve if the patient has tried and cannot take amlodipine AND celecoxib, if both are formulary. If either or both of these products are non-formulary, approve if the patient has tried both a calcium channel blocker-containing product AND an oral non-steroidal anti-inflammatory-containing product (NSAID).	1 year		No review recommended
Direct Muscle Relaxants	cyclobenzaprine 7.5 mg	cyclobenzaprine 7.5 mg tablets	No exceptions are recommended. • Direct all requests for the 7.5 mg cyclobenzaprine 7.5 mg tablets to the 5 mg or 10 mg tablets.	NA		Yes

Antihistamines (Oral)	dexchlorpheniramine oral solution	dexchlorpheniramine oral solution 2mg/5 ml	Approve if the patient has tried one of the following products: loratadine, fexofenadine or cetirizine AND the patient has also tried chlorpheniramine. <b>NOTE:</b> Prescription or over-the-counter (OTC) products would count toward meeting the requirement.	1 year		Yes
Vitamins and Minerals	Endari	L-glutamine oral powder	1. Approve if the patient has tried a hydroxyurea product (hydroxyurea, Droxia, Siklos), if formulary. If none are formulary, approve. 2. If, according to the prescriber, the patient is not a candidate for a hydroxyurea product (e.g., a patient who is planning to become pregnant; a pregnant patient; or a patient with an immunosuppressive condition [such as cancer]), approve.	1 year		Yes
Epinephrine Self-Administered Injectables	EpiPen/EpiPen Jr.	epinephrine 0.3 mg/0.15 mg auto-injector	Approve if the patient has tried one product from the following list, if one is formulary: epinephrine auto-injector (generics or authorized generics) or Auvi-Q. If none are formulary, approve.	1 year		Yes-see Epinephrine Auto-Injectors Step Therapy
Gastrointestinal Drugs – Miscellaneous	Glycopyrrolate 1.5 mg tablets	glycopyrrolate 1.5 mg tablets	Approve if the patient has tried glycopyrrolate 1 or 2 mg tablets, if formulary. If glycopyrrolate 1 or 2 mg tablets are non-formulary, approve.	1 year		Yes
Antiparkinson Drugs	Gocovri ER	amantadine extended-release capsules	Approve if the patient has tried one product from the following list: amantadine capsules, amantadine tablets, or amantadine oral solution AND experienced inadequate efficacy or intolerability with the product.	1 year	Yes	Yes
NSAIDs (Oral)	Indocin Suspension	indomethacin oral suspension	Approve if the patient has tried one of ibuprofen suspension (e.g., Motrin, generics) or naproxen suspension (e.g., Naprosyn, generics), if formulary. If neither are formulary, approve. <b>NOTE:</b> Over-the-counter	1 year		Yes

			ibuprofen suspension would count as an alternative.			
Gastrointestinal Drugs – Miscellaneous	Lactulose packets	lactulose 10 gram packets for oral solution	Approve if the patient has tried lactulose solution for oral administration, if formulary. If lactulose solution for oral administration is non-formulary, approve. <b>NOTE:</b> A trial of the requested agent would NOT count toward meeting this requirement.	1 year		Yes
GABA Analogue – Nerve Pain Medication	Lyrica	Generic pregabalin capsules	NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. Criteria: Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescribing physician, would result in a significant allergy or serious adverse reaction.	1 year		Yes
Hyperlipidemia Agents	Niacor	Nicotinic acid tablet	Approve if the patient has tried AND cannot take at least two other prescription or over-the-counter (OTC) niacin-containing products due to a significant allergy to an inactive ingredient (e.g., dyes, fillers, etc.) or due to significant adverse reactions to the other niacin-containing products. NOTE: The physician must provide what differences in the inactive ingredient(s) which leads to an allergy to the other niacin-containing products or provide what serious adverse reactions to the other niacin-containing products that are of concern.	1 year		Yes

Topical Dermatological Drugs - Miscellaneous	Novacort gel	hydrocortisone 2%/ pramoxine 1%/ aloe 1% gel	Approve if the patient has tried and cannot use one product from the following list (if one is formulary): Epifoam, hydrocortisone- pramoxine cream, Pramosone cream, Pramosone lotion, or Pramosone ointment. If none are formulary, approve.	1 year		Yes
	Nuvaring		<b>NOTE:</b> A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. <b>Criteria:</b> Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescribing physician, would result in a significant allergy or serious adverse reaction.		MSB Exclusion *This criteria applies only to the NPF	Yes
Antiparkinson Drugs	Osmolex ER	amantadine extended-release tablets	Approve if the patient has tried one product from the following list: amantadine capsules, amantadine tablets, or amantadine oral solution AND experienced inadequate efficacy or intolerability with the product.	1 year	Yes	Yes
Opioids (Oral) - Other	Oxaydo	oxycodone hydrochloride tablets	Approve if the patient has tried and cannot take one of the following formulary products: oxycodone hydrochloride tablets (Roxicodone, generics). If there are no formulary single-agent oxycodone products, approve if the patient has tried two other centrally acting/opioid analgesics. Examples of centrally acting/opioid analgesics include, but are not limited to: hydrocodone- acetaminophen (Vicodin, Vicodin ES, Norco, Lortab, Lorcet, multiple generics), oxycodone-	1 year		Yes

			acetaminophen (Percocet, Endocet, Roxicet, multiple generics).			
Topical Dermatological Drugs - Miscellaneous	Pliaglis and lidocaine 7% and tetracaine 7% cream (brand)	lidocaine 7% and tetracaine 7% cream	Approve if the patient has tried and cannot use two of the following, if two are formulary (or one if only one is formulary): lidocaine and prilocaine cream (EMLA cream, generics), lidocaine cream (generics, multiple strengths), Livixil Pak, Relador Pak, Relador Pak Plus, DermacinRx Prizopak, Lidopril. If none are formulary, approve.	1 year	Yes - Authorized generic only	Yes
Respiratory - Long-Acting Muscarinic Antagonist (LAMA) Inhalers	Spiriva HandiHaler	tiotropium bromide inhalation powder	Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Respimat, or Tudorza Pressair. If none are formulary, approve.	1 year	Yes	Yes- See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST policy
Respiratory - Long-Acting Muscarinic Antagonist (LAMA) Inhalers	Spiriva Respimat	tiotropium bromide solution for inhalation	1. Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Tudorza Pressair. If none are formulary, approve. 2. Patients who have a low inspiratory flow rate and are unable to use a dry powder inhaler (DPI): approve. 3. Patients with asthma: approve.	1 year	Yes	Yes- See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST policy
NSAIDs (Oral)	Sprix	ketorolac tromethamine nasal spray	1. Approve if the patient has tried five formulary NSAIDs (prescription-strength) from the following list (if five are formulary, or four if four are formulary, or three if three are formulary, or two if two are formulary, or one if one is formulary): diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics),	1 year		Yes

			etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), or indomethacin (generics). If none are formulary, approve. <b>2.</b> Approve for patients with difficulty swallowing or for patients who cannot swallow.			
			Approve if the patient has tried five prescription-strength, oral NSAIDs. Note: Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics). Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. Note: Five unique NSAIDs should be tried.			
NSAIDs (Oral)	Tivorbex	indomethacin, submicronized capsules		1 year		Yes
			Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve. <b>NOTE:</b> A trial of the requested agent would NOT count toward meeting this requirement.			
Triptans	Treximet	sumatriptan/naproxen sodium tablets		1 year		Yes
Respiratory - Long-Acting Muscarinic Antagonist (LAMA) Inhalers	Tudorza Pressair	aclidinium bromide inhalation powder	Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Respimat. If none are formulary, approve.	1 year	Yes	Yes- See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST policy

Erectile Dysfunction Agents - Phosphodiesterase Type 5 (PDE-5) Inhibitors	Viagra	sildenafil tablets	<p><b>NOTE:</b> A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p><b>Criteria:</b> Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescribing physician, would result in a significant allergy or serious adverse reaction.</p>		MSB Exclusion *This criteria applies only to the NPF	Yes
NSAIDs (Oral)	Vivlodex	meloxicam capsules	<p>Approve if the patient has tried five prescription-strength, oral NSAIDs.</p> <p>Note: Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics).</p> <p>Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.</p> <p>Note: Five unique NSAIDs should be tried.</p>	1 year		Yes
Gaucher Disease Medications	Zavesca	miglustat capsules	<p><u>Note: Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics).</u></p>	1 year		<u>Yes - See Market Events Clinical Policy</u>



			<p>Approve if the patient has tried five prescription-strength, oral NSAIDs.</p> <p><b>Note:</b> Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics).</p> <p><b>Note:</b> Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.</p> <p><b>Note:</b> Five unique NSAIDs should be tried.</p>			
NSAIDs (Oral)	Zorvolex	diclofenac capsules		1 year	Yes	Yes
			<p>Approve if the patient has tried five prescription-strength, oral NSAIDs.</p> <p><b>Note:</b> Examples include: fenoprofen (tablets/generic), diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics).</p> <p><b>Note:</b> Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.</p> <p><b>Note:</b> Five unique NSAIDs should be tried.</p>			
NSAIDs (Oral)	ketoprofen 25mg	ketoprofen 25mg capsules		1 year		Yes
			<p>Approve if the patient has tried three of the following: a morphine-containing product, a hydrocodone-containing product, a hydromorphone-containing product, an oxycodone-containing product, an oxymorphone-containing product, a fentanyl-containing product, a methadone-containing product, or a</p>			
Opioids (Oral) - Other	levorphanol 2mg and 3mg	levorphanol 2mg and 3mg tablets		1 year		Yes

			tapentadol-containing product.			
Direct Muscle Relaxants	Amrix and generic	cyclobenzaprine extended-release 15 mg and 30 mg capsule	Approve if the patient has tried and cannot take cyclobenzaprine 5 mg or 10 mg tablets (generics), if formulary. If cyclobenzaprine 5 mg or 10 mg tablets (generics) are non-formulary, approve.	1 year	Yes	Yes

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/18/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
4/28/20	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated with Consensi, Endari, Lyrica, Nuvaring, Pliaglis and lidocaine 7% and tetracaine 7% cream (brand), Tivorbex and Zorvolex. Effective March 2020
8/18/20	Yes	Howard Taekman, MD; Robert Sterling, MD	Added ketoprofen 25mg, levorphanol 2mg and 3mg and Amrix and generic