

#### Market Events Program

					2019 NPF	Market
		Chemical Name			Excluded	Events
Therapy Class	Brand Name	and Dosage Form	Commercial FE Criteria	Duration	Medication	Program
			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],			
Topical			mupirocin 2% ointment [Bactroban, generics],			
Dermatological			Centany ointment,			
Drugs -	A.L		Centany AT ointment,	4	V	V
Miscellaneous	Alcortin A		Altabax ointment). Approve if the patient has	1 year	Yes	Yes
			tried and cannot take			
			cyclobenzaprine 5 mg or			
			10 mg tablets (generics), if formulary. If			
			cyclobenzaprine 5 mg or			
		extended-release 15	10 mg tablets (generics)			
Direct Muscle Relaxants	Amrix and generic	_	are non-formulary, approve.	1 year		Yes
relaxants	Amin and generic	capsule	арріоле.	1 year		1 63
			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			Yes-see
Epinephrine Self-			epinephrine auto-injector			Epinephrine
Administered		and 0.3 mg auto-	(generics or authorized			Auto-Injectors
Injectables	Auvi-Q	injector	generics). If none are	1 year	Yes	Step Therapy



			formulary, approve.			
			NOTE: EpiPen and			
			EpiPen Jr. only count as			
			one agent.			
			<b>2.</b> Approve if the patient or his/her caregiver is			
			blind or significantly			
			visually-impaired.			
			medany impanea.			
			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			
			epinepherine 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.			Yes-see
Epinephrine Self-			3. Patient weighs less			Epinephrine
Administered			than 33 pounds (15 kg):			Auto-Injectors
Injectables	Auvi-Q	auto-injector	approve.	1 year	Yes	Step Therapy
			No exceptions are			
D: (14		chlorzoxazone 250	recemmended.			
Direct Muscle	oblorzovozono	mg and 750 mg	Direct requests to the	N/A		Yes
Relaxants	chlorzoxazone	tablets	500 mg tablets.  Approve if the patient has	IN/A		162
			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			
Calcium Channel			a calcium channel			
Blockers			blocker-containing			
(CCBs)/Non-			product AND an oral non-			
Steroidal Anti-			steroidal anti-			
inflammatories	Conconsi	amlodipine and	inflammatory-containing	1 405		No review
(NSAIDs)	Consensi	celecoxib tablets	product (NSAID).  No exceptions are	1 year		recommended
			recemmended.			
			Direct all requests for			
			the 7.5 mg			
			cyclobenzaprine 7.5 mg			
	cyclobenzaprine 7.5		tablets to the 5 mg or 10	NIA		V
Relaxants	mg	mg tablets	mg tablets.	NA		Yes



				•		
			Approve if the patient has			
			tried one of the following			
			products: loratadine,			
			fexofenadine or cetirizine			
			AND the patient has also			
			tried chlorpheniramine.			
			NOTE: Prescription or			
			over-the-counter (OTC)			
			products would count			
	dexchlorpheniramine	oral solution 2mg/5	toward meeting the			
(Oral)	oral solution	ml	requirement.	1 year		Yes
			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			
Vitamins and		L-glutamine oral	condition [such as			
Minerals	Endari	powder	cancer]), approve.	1 year		Yes
			Approve if the patient has	,		
			tried one product from the			
			following list, if one is			
			formulary: epinephrine			
			auto-injector (generics or			Yes-see
Epinephrine Self-		epinephrine 0.3	authorized generics) or			Epinephrine
Administered		mg/0.15 mg auto-	Auvi-Q. If none are			Auto-Injectors
		injector	formulary, approve.	1 year		Step Therapy
,001440.00			Approve if the patient has	, you.		σιορσ.αρ)
			tried glycopyrrolate 1 or 2			
			mg tablets, if formulary. If			
Gastrointestinal			glycopyrrolate 1 or 2 mg			
	Glycopyrrolate 1.5	glycopyrrolate 1.5	tablets are non-formulary,			
		mg tablets	•	1 year		Yes
MISCEIIANEUUS	ing tablets	ing tablets	Approve if the patient has	i yeai		1 63
			Approve if the patient has tried one product from the			
			following list: amantadine			
			capsules, amantadine			
			tablets, or amantadine			
			oral solution AND			
		amantadine	experienced inadequate			
Antiparkinson		amantadine extended-release	efficacy or intolerability			
•				1 year	Yes	Yes
Drugs	COCOVII EN	capsules	with the product.	ı y <del>c</del> ai	1 63	169
			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			
NOAID (C. II)		indomethacin oral	formulary, approve.			V
NSAIDs (Oral)	Indocin Suspension	suspension	NOTE: Over-the-counter	ı year		Yes



			ibuprofen suspension			
			would count as an			
			alternative.			
			Approve if the patient has			
			tried lactulose solution for			
			oral administration, if			
			formulary. If lactulose			
			solution for oral			
			administration is non-			
			formulary, approve.			
			NOTE: A trial of the			
Gastrointestinal		lactulose 10 gram	requested agent would			
Drugs –		packets for oral	NOT count toward			
Miscellaneous	Lactulose packets	solution	meeting this requirement.	1 year	,	Yes
			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,			
GABA Analogue –			would result in a			
Nerve Pain		Generic pregabalin	significant allergy or			
Medication	Lyrica	capsules	0	1 year	,	Yes
		04,000.00	Approve if the patient has	. you.		
			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			
Hyperlinidomia						
Hyperlipidemia Agents	Niacor	Nicotinic acid tablet	products that are of	1		Vaa
	IIMIACOI	INITIONAL ACID TADIAT	concern.	1 year		Yes



Topical			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			
Dermatological Drugs -			Pramosone ointment. If none are formulary,			
Miscellaneous	Novacort gel	1% gel	approve.  NOTE: A multisource	1 year		Yes
			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		MSB Exclusion *This criteria applies only to the	
	Nuvaring		serious adverse reaction.		NPF	Yes
Antiparkinson		amantadine extended-release	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			
Drugs	Osmolex ER	tablets	with the product.  Approve if the patient has	1 year	Yes	Yes
			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,			
Opioids (Oral) - Other		oxycodone	Lortab, Lorcet, multiple generics), oxycodone-	1 year		Yes
Outel	Onayuu	prydrochionae tablets	generios), oxycodone-	ı y <del>c</del> ai		163



			acetaminophen (Percocet,			
			Endocet, Roxicet, multiple			
			generics).			
			,			
			A			
			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,			
Topical	Pliaglis and		Relador Pak, Relador Pak		Yes -	
Dermatological	lidocaine 7% and		Plus, DermacinRx		Authorized	
Drugs -	tetracaine 7% cream	lidocaine 7% and	Prizopak, Lidopril. If none		generic	
	(brand)	tetracaine 7% cream				Yes
			Approve if the patient has			
			tried one product from the			Yes- See
			following list (if one is			Pulmonary -
			formulary): Incruse			Long-Acting
Respiratory - Long-			Ellipta, Seebri Neohaler,			Muscarinic
Acting Muscarinic			Spiriva Respimat, or			Antagonist
Antagonist (LAMA)		tiotropium bromide	Tudorza Pressair. If none			Inhalers PST
		inhalation powder		1 year		policy
minatoro	Opiniva manamator	imalation powdor	1. Approve if the patient	i your	100	policy
			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			Yes- See
			low inspiratory flow rate			Pulmonary -
			and are unable to use a			Long-Acting
Respiratory - Long-			dry powder inhaler (DPI):			Muscarinic
Acting Muscarinic			approve.			Antagonist
Antagonist (LAMA)		solution for	3. Patients with asthma:			Inhalers PST
Inhalers	Spiriva Respimat	inhalation		1 year	Yes	policy
			<ol> <li>Approve if the patient</li> </ol>			
			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.,			
		ketorolac	Motrin, generics),			
			naproxen (e.g., Naprosyn,			
NSAIDs (Oral)		spray		1 year		Yes
	- p	-pwj		. ,		. 50



meloxicam (Mobic, generics), nabumetone (generics), nabumetone (generics), piroxicam (Feldene, generics), or indomethacin (generics). If none are formulary, approve.  2. Approve for patients with difficulty swallowing or for patients who cannot swallow.  Approve if the patient has tried five prescriptionsrstrength, oral NSAIDs. Note: Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), inproxen (e.g., Naprosyn, Naprelan, generics), raproxen (e.g., Naprosyn, Naprelan, generics), meloxicam (Mobic, generics), indomethacin (generics), indomethacin (generics							
generics), nabumetone (generics), piroxicam (Feldene, generics), private (generics), quality (generics), private (generics), private (generics), private (generics), private (generics), provided (generics), p				etodolac (generics),			
Generics), piroxicam (Feldene, generics), or indomethacin (generics). If none are formulary, approve.   2. Approve 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., Mortrin, generics), naproxen (e.g., Mortrin, generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.   Note: Five unique   NSAIDs should be tried.   Note: Note: Note: No				meloxicam (Mobic,			
(Feldene, generics), or indomethacin (generics). If none are formulary, approve.  2. Approve for patients with difficulty swallowing or 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: diciofenac (Voltaren XR, generics), include: diciofenac (Voltaren XR, generics), include: diciofenac (Voltaren XR, generics), inaproxen (e.g., Naprosyn, Naprelan, generics), naproxen (e.g., Naprosyn, Naprelan, generics), indomethacin (generics), indomethacin (				generics), nabumetone			
(Feldene, generics), or indomethacin (generics). If none are formulary, approve.  2. Approve for patients with difficulty swallowing or 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), include; diclofenac (Voltaren XR, generics), inaproxen (e.g., Naprosyn, Naprelan, generics), naproxen (e.g., Naprosyn, Naprelan, generics), indomethacin (generics), indometha							
indomethacin (generics), If none are formulary, approve.  2. Approve for patients with difficulty swallowing or 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., Mortrin, generics), naproxen (e.g., Mortrin, generics), provided (generics), naproxen (e.g., Mortrin, generics), indomethacin, generics), provided (generics), indomethacin (generics							
If none are formulary, approve.  2. Approve for patients with difficulty swallowing or for patients who cannot swallow.  Approve if the patient has tried five prescription-sterength, oral NSAIDs. Note: Examples include: diciofenac (Voltara NR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), indomethacin				indomethacin (generics)			
approve.  2. Approve for patients with difficulty swallowing or 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), induprofen (e.g., Motrin, generics), naprosen, napr							
2. Approve for patients with difficulty swallowing or for patients who cannot swallow.  Approve if the patient has tried five prescription-sterength, oral NSAIDs. Note: Examples include: diciofenac (Voltaran XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), indomethacin, generics), indomethacin (Generics), indomethacin (G							
with difficutly 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), ibuprofen (e.g., Motrin, generics), ibuprofen (e.g., Motrin, generics), etodolac (generics), maproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), proxicam (Mobic, generics), proxicam (Generics), indomethacin (generics), in							
or for patients who cannot swallow.  Approve if the patient has tried five prescription-strength, oral NSAIDs. Note: Examples include: diciofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), inaproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), etodolac (generics), meloxicam (Mobic, generics), indomethacin (generics), nabmetone (generics), nabmetone (generics), piroxicam (Feldene, generics), indomethacin (generics), nabmetone (generics), piroxicam (Feldene, generics), indomethacin (generics), nabmetone (generics), piroxicam (Feldene, generics), indomethacin (generics), submicronized vascilia (indomethacin), vascilia							
Approve if the patient has tried five prescription-strength, oral NSAIDs. Note: Examples include: diclofenac (Voltaren XR, generics), inuproxen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), prioxicam (Mobic, generics), indomethacin, generics), indomethacin (generics), prioxicam (Feldene, generics), indomethacin (generics), prioxicam (Feldene, generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. Note: Five unique NSAIDs (Oral) Tivorbex apsules NSAIDs should be tried. NSAIDs should be tried. NSAIDs should be tried. NSAIDs should be tried. I year Yes  Approve if the patient has tried naproxen AND sumatriptan tablets ((mitrex, generics), if formulary, if sumatriptan tablets ((mitrex, generics), are non-formulary, approve. NOTE: A trial of the requested agent would naproxen sodium NOT count toward meeting this requirement. Triptans Treximet tablets  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  aclidinium bromide Respirant. If none are							
Approve if the patient has tried five prescription- strength, oral NSAIDs. Note: Examples include: diciofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), inbumetone (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription- strength doses were used. Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics), are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward NOT count toward Triptans  Treximet  Treximet  Treximet  Approve if the patient has tried on product from the following list (if one is formulary): Incruse Ellipta, Seebir Neohaler, Spiriva HandilHaler, or Spiriva HandilHaler, or Spiriva HandilHaler, or Spiriva Handilealrs PST				or for patients who cannot			
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), indomethacin (generics), indomet				swallow.			
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), indomethacin (generics), indomet				Approve if the patient has			
strength, oral NSAIDs. Note: Examples include: diciofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), piroxicam (Feldene, generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription- strength doses were used. NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary: I sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOTE: Over-the-counter (OTC) NSAIDs should be tried.  1 year  Yes  Yes  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary: I sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOTE count toward meeting this requirement. 1 year  Yes  Yes- See Pulmonary- formulary: Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA) Antagonist (LAMA) aclidinium bromide							
Note: Examples include: diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), indomethacin (submicronized Note: Five unique NSAIDs would count if prescription-strength doses were used. Note: Five unique NSAIDs should be tried. Note: Five unique NSAIDs should be tried. It year Yes (mitrex, generics), if formulary. If sumatriptan tablets ((mitrex, generics), if formulary. If sumatriptan tablets ((mitrex, generics), if formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. I year Yes Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LaMA)  Respiratory - Long-Acting Muscarinic Antagonist (LaMA)  aclidinium bromide aclidinium bromide (sepimal (LaMA))							
diclofenac (Voltaren XR, generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), proxicam (Feldene, generics), indomethacin (generics),							
generics), ibuprofen (e.g., Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), meloxicam (Mobic, generics), nabumetone (generics), proxicam (Feldene, generics), indomethacin (generics), indomethacin (generi							
Motrin, generics), naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), piroxicam (Feldene, generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription- strength doses were used. submicronized Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary, if sumatriptan tablets (Imitrex, generics), are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried naproxen sodium NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva HandiHaler, or Spiriva HandiHaler, Spiriva HandiHalers PST Innaers							
naproxen (e.g., Naprosyn, Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), piroxicam (Feldene, generics), indomethacin (generics), indomethacin, submicronized Note: Five unique NSAIDs should be tried.  NSAIDs (Oral)  Tivorbex  Invorbex  Invorbex  Inport if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. If year Yes  Introduced Yes See Ves See See Ves See Ves See Ves See Ves See See Ves See See Ves See See See See See See See See See S							
Naprelan, generics), etodolac (generics), meloxicam (Mobic, generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics), nabumetone (generics), nabumetone (generics), indomethacin (generics), note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.  Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward maproxen sodium naproxen sodium NOT count toward naproxen sodium NOT cou							
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.  NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Tresimet  Tresimet  Tresimet  Tresimet  Tresimet  Tresimet  Tresimet  Tresimet  Tresimet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva HandiHaler,							
meloxicam (Mobic, generics), nabumetone (generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin, strength doses were used.  NSAIDs (Oral) Tivorbex capsules NSAIDs should be tried. 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.  NOTE: A trial of the requested agent would NOT count toward NOT count toward NOT count toward neeting this requirement. 1 year Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA) aclidinium bromide Respirator, I from eare				Naprelan, generics),			
generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.  Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets ((mitrex, generics), if formulary. If sumatriptan tablets ((mitrex, generics)) are non-formulary, approve.  NOTE: A trial of the requirement.  NOT count toward NOT count toward NOT count toward NOT count toward Triptans  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Handi Haler, or Spiriva Handi Haler, or Spiriva Antagonist (LAMA) Antagonist (Inhalers PST)				etodolac (generics),			
generics), nabumetone (generics), piroxicam (Feldene, generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), indomethacin (generics), Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.  Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets ((mitrex, generics), if formulary. If sumatriptan tablets ((mitrex, generics)) are non-formulary, approve.  NOTE: A trial of the requirement.  NOT count toward NOT count toward NOT count toward NOT count toward Triptans  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Handi Haler, or Spiriva Handi Haler, or Spiriva Antagonist (LAMA) Antagonist (Inhalers PST)							
(generics), piroxicam (Feldene, generics), indomethacin (generics). Note: Over-the-counter (OTC) NSAIDs would count if prescription- strength doses were indomethacin, submicronized NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward naproxen sodium Triptans  Treximet  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Handi Haler, or Spiriva Antagonist (LAMA) Area  Acting Muscarinic Antagonist (LAMA)  Area  Respiratory - Long-Acting Acting Muscarinic Antagonist (LAMA)							
CFeldene, generics), indomethacin (generics). Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. Note: Five unique NSAIDs should be tried. 1 year Yes							
indomethacin (generics). Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. NSAIDs (Oral)  Tivorbex  Indomethacin, submicronized Note: Five unique NSAIDs should be tried.  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Treximet  Treximet  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Acting Muscarinic Antagonist (LAMA)  Acting Muscarinic Antagonist (LAMA)  Acting Muscarinic Antagonist Inhalers PST							
Note: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used.  NSAIDs (Oral) Tivorbex capsules NSAIDs should be tried. 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.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year Yes  Triptans Treximet tablets Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Respiratory (LAMA)  Respiratory (LAMA)							
COTC) NSAIDs would count if prescription-strength doses were used.   Note: Five unique   NSAIDs (Oral)   Tivorbex   Submicronized   Note: Five unique   NSAIDs should be tried.   1 year   Yes							
Count if prescription- strength doses were used. NSAIDs (Oral) Tivorbex  Tivorbex  NSAIDs should be tried.  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. Triptans  Treximet  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandilHaler, or Spiriva HandilHaler, or Spiriva Antagonist (LAMA) Aprove if none are							
Strength doses were used.  Note: Five unique NSAIDs (Oral)  Tivorbex  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Approve if the patient has tried on product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Acting Muscarinic Antagonist (LAMA)  Approve if ne patient has tried one product from the following list (if one are linhalers PST)							
indomethacin, submicronized Note: Five unique NSAIDs should be tried.  NSAIDs should be tried.  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Triptans  Treximet  Tre							
Submicronized capsules  Note: Five unique NSAIDs should be tried.  Approve if the patient has tried naproxen AND sumatriptan tablets ((Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Respirator, Orall Vest  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respirator, Orall Vest  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)				strength doses were			
NSAIDs (Oral)  Tivorbex  capsules  NSAIDs should be tried.  Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist Inhalers PST			indomethacin,	used.			
Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist Inhalers PST			submicronized	Note: Five unique			
Approve if the patient has tried naproxen AND sumatriptan tablets ((Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Respiratory - Long-Acting Muscarinic Antagonist (LAMA)	NSAIDs (Oral)	Tivorbex	capsules	NSAIDs should be tried.	1 year		Yes
tried naproxen AND sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (Antagonist (LAMA)  aclidinium bromide Respimat. If none are							
sumatriptan tablets (Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  aclidinium bromide  Respiratory - LAMA  sumatriptan tablets (Imitrex, generics), if formulary, if sumatriptan tablets (Imitrex, generics) are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes							
(Imitrex, generics), if formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement.  Triptans  Treximet  Treximet  Treximet  Triptans  Treximet  Treximet  Triptans  Treximet  Treximet  Triptans  Tr							
formulary. If sumatriptan tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Respiratory (LAMA)  Acting Muscarinic Antagonist (LAMA)							
tablets (Imitrex, generics) are non-formulary, approve.  NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long- Acting Muscarinic Antagonist (LAMA)  tablets (Imitrex, generics) are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Yes- See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST							
are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  aclidinium bromide  Are non-formulary, approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Yes-See Fulmonary - Long-Acting Muscarinic Antagonist Inhalers PST							
approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Approve. NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year  Yes  Yes- See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST							
NOTE: A trial of the requested agent would NOT count toward meeting this requirement. 1 year Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  NOT count toward meeting this requirement. 1 year Yes  Approve if the patient has tried one product from the following list (if one is Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST							
sumatriptan/ naproxen sodium Triptans Treximet  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Acting Muscarinic Antagonist (LAMA)  Sumatriptan/ naproxen sodium NOT count toward NOT							
Triptans  Treximet  NOT count toward meeting this requirement.  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Aclidinium bromide  NOT count toward meeting this requirement.  1 year  Yes  Yes-See Pulmonary - Long-Acting Muscarinic Antagonist Inhalers PST							
Triptans Treximet tablets meeting this requirement. 1 year Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Acting Muscarinic Acting Muscarinic Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist Inhalers PST							
Triptans Treximet tablets meeting this requirement. 1 year Yes  Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva Antagonist (LAMA)  Respiratory - Long-Acting Muscarinic Antagonist (LAMA)  Acting Muscarinic Antagonist Inhalers PST			naproxen sodium				
Approve if the patient has tried one product from the following list (if one is formulary): Incruse Ellipta, Long-Acting Seebri Neohaler, Spiriva Acting Muscarinic Antagonist (LAMA)  Approve if the patient has tried one product from the following list (if one is Pulmonary - Long-Acting Seebri Neohaler, Spiriva Muscarinic Antagonist Inhalers PST	Triptans	Treximet	tablets	meeting this requirement.	1 year		Yes
tried one product from the following list (if one is formulary): Incruse Ellipta, Respiratory - Long- Acting Muscarinic Antagonist (LAMA)  tried one product from the following list (if one is Pulmonary - Long-Acting Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist Respimat. If none are Inhalers PST							
following list (if one is formulary): Incruse Ellipta, Respiratory - Long- Acting Muscarinic Antagonist (LAMA)  following list (if one is formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Respimat. If none are  following list (if one is formulary - Long-Acting Muscarinic HandiHaler, or Spiriva Inhalers PST							Yes- See
Respiratory - Long- Acting Muscarinic Antagonist (LAMA)  formulary): Incruse Ellipta, Seebri Neohaler, Spiriva HandiHaler, or Spiriva Antagonist (LAMA)  Respimat. If none are  Inhalers PST							
Respiratory - Long- Acting Muscarinic Antagonist (LAMA)  Seebri Neohaler, Spiriva HandiHaler, or Spiriva Respimat. If none are  Muscarinic Antagonist Inhalers PST							Long Acting
Acting Muscarinic HandiHaler, or Spiriva Antagonist (LAMA) Acting Muscarinic Respimat. If none are Inhalers PST	Desminate :						
Antagonist (LAMA) aclidinium bromide Respimat. If none are Inhalers PST							
Inhalers  Tudorza Pressair  inhalation powder  formulary, approve.  1 year  Yes  policy							
	Inhalers	Tudorza Pressair	inhalation powder	formulary, approve.	1 year	Yes	policy



Erectile Dysfunction Agents - Phosphodiesterase Type 5 (PDE-5) Inhibitors	Viagra	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.		MSB Exclusion *This criteria applies only to the NPF	Yes
NSAIDs (Oral)	Vivlodex	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.	1 year		Yes
Gaucher Disease		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	1 year		Yes - See Market Events Clinical Policy



NSAIDs (Oral)	Zorvolex	diclofenac capsules	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.	1 year	Yes	Yes
NOVIDS (Oldi)	ZOI VOIGX	uicioieriac capsules	Approve if the patient has tried five prescription-	ı yeai	163	100
			strength, oral NSAIDs. <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).			
			Note: Over-the-counter			
			(OTC) NSAIDs would count if prescription-			
			strength doses were used.			
NSAIDs (Oral)		ketoprofen 25mg capsules	<b>Note</b> : Five unique NSAIDs should be tried.	1 year		Yes
			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			
		levorphanol 2mg and 3mg tablets	product, a methadone- containing product, or a	1 year		Yes
		3	, J	,		



#### VCHCP Market Events Program Policy for Exception Review of Excluded Drugs

Date: 09/27/19, 2/18/20, 4/28/20, 8/5/20

			tapentadol-containing product.			
Direct Muscle		cyclobenzaprine extended-release 15	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,			
Relaxants	Amrix and generic	capsule	approve.	1 year	Yes	Yes

Date Created: 9/27/19 by Howard Taekman, MD

Date Approved by P&T Committee: 10/30/19

Date Reviewed/No Updates: 2/18/20 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 2/18/20

Date Reviewed/ Updated: 4/28/20 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 4/28/20

Date Reviewed/ Updated: 8/18/20 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 8/18/20

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