ACTINIC KERATOSIS

PRODUCTS AFFECTED

- *diclofenac sodium gel 3 % external*

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod

Formulary ID: 00026309 & 00026310 ver. 21

Last Updated: 10/26/2026

Effective Date: 11/01/2026

ANTIDEPRESSANTS

PRODUCTS AFFECTED

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL
- EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	Trial of two of the following formulary products: generic bupropion, generic mirtazapine, generic citalopram, generic desvenlafaxine succinate ER, formulary duloxetine, generic escitalopram, generic fluoxetine, generic fluvoxamine, generic paroxetine, generic sertraline, generic venlafaxine hydrochloride. Approve for continuation of prior therapy.

ATYPICAL ANTIPSYCHOTICS

PRODUCTS AFFECTED

- BYSANTI TABLET 1 MG ORAL
- BYSANTI TABLET 10 MG ORAL
- BYSANTI TABLET 12 MG ORAL
- BYSANTI TABLET 2 MG ORAL
- BYSANTI TABLET 4 MG ORAL
- BYSANTI TABLET 6 MG ORAL
- BYSANTI TABLET 8 MG ORAL
- BYSANTI TITRATION PACK A TABLET THERAPY PACK 1 & 2 & 4 & 6 MG ORAL
- BYSANTI TITRATION PACK B TABLET THERAPY PACK 1 & 2 & 6 & 8 MG ORAL
- BYSANTI TITRATION PACK C TABLET THERAPY PACK 1 & 2 & 6 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL
- FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL
- FANAPT TITRATION PACK C TABLET 1 & 2 & 6 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

Formulary ID: 00026309 & 00026310 ver. 21

Last Updated: 10/26/2026

Effective Date: 11/01/2026

Details

Criteria	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.

INVEGA HAFYERA THERAPY

PRODUCTS AFFECTED

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

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.

RELISTOR

PRODUCTS AFFECTED

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION PREFILLED SYRINGE 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION PREFILLED SYRINGE 8 MG/0.4ML SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL

Details

Criteria	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose

RYTARY

PRODUCTS AFFECTED

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Criteria	Trial of one generic carbidopa/levodopa containing formulation

ZONISADE SUSPENSION

PRODUCTS AFFECTED

- ZONISADE SUSPENSION 100 MG/5ML ORAL

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.