



POLICY: Brand Name Products with Bioequivalent Generics

REVIEW DATE: 03/15/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

The following Brand Name Products with Bioequivalent Generics are considered medically necessary when the criteria in the below table is/are met.

Any other exception is considered not medically necessary.

All products are approved for a duration of 12 months unless otherwise noted.

Documentation: When documentation is required, the prescriber must provide written documentation supporting the trials of these other agents, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

Note: New Brand name drugs may be added to this policy as generics become available.

Therapy Class	Brand Name	Generic Name	Criteria
ACE-Inhibitor/CCB Combination Product	Lotrel	amlodipine/be nazepril capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Acne Vulgaris Agents (Topical)	Acanya Gel	benzoyl peroxide 2.5% and clindamycin phosphate 1.2% gel	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Acne Vulgaris Agents (Topical)	Atralin	tretinoin gel (0.05%)	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Acne Vulgaris Agents (Topical)	Clindagel 1% gel	clindamycin 1% gel	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Acne Vulgaris Agents (Topical)	Retin-A Micro 0.1% & 0.04% gel	tretinoin 0.1% & 0.04% gel	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Acne Vulgaris Agents (Topical)	Veltin	clindamycin phosphate and tretinoin gel	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Alpha-2 Agonists	Lucemyra	lofexidine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Alpha and beta-blocker	Coreg	carvedilol tablet	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Alzheimer's Disease Agents	Namenda XR	memantine extended-release capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Converting Enzyme (ACE) Inhibitors	Epaned	enalapril maleate powder for oral solution, enalapril maleate oral solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Atacand	candesartan cilexetil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Atacand HCT	candesartan/hydrochlorothiazide tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and	Avalide	irbesartan/hydrochlorothiazide tablets	NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. Criteria: Approve if the Brand product is

Combination Products			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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Avapro	irbesartan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	AZOR	amlodipine besylate/olmesartan medoxomil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Benicar	olmesartan medoxomil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Benicar HCT	olmesartan/hydrochlorothiazide tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Cozaar	losartan tablet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Diovan	valsartan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Diovan HCT	valsartan/hydrochlorothiazide tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiemetic Agents - Substance P/Neurokinin-1 (NK1) receptor antagonists (Injectable)	Emend IV	fosaprepitant dimeglumine injection	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Angiotensin Receptor Blockers (ARBs) and Combination Products	Exforge	valsartan/amlodipine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Angiotensin Receptor Blockers (ARBs) and Combination Products	Exforge HCT	valsartan/amlodipine/hydrochlorothiazide tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Angiotensin Receptor Blockers (ARBs) and Combination Products	Hyzaar	losartan/hydrochlorothiazide tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Angiotensin Receptor Blockers (ARBs) and	Micardis	telmisartan tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>Criteria: Approve if the Brand product is being requested due to a formulation</p>

Combination Products			difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Micardis HCT	telmisartan/hydrochlorothiazide tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Angiotensin Receptor Blockers (ARBs) and Combination Products	Tribenzor	olmesartan/amlodipine/hydrochlorothiazide tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antibiotics (Inhaled)	TOBI	tobramycin solution for inhalation	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antibiotics (Oral)	Doryx 50 mg, 200 mg	doxycycline hyclate delayed-release tablets	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 prescriber,

			would result in a significant allergy or serious adverse reaction [documentation required] .
Antidepressants - Other	Wellbutrin SR	bupropion HCl tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antidepressants - Other	Wellbutrin XL	bupropion XL tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiemetics and Antivertigo Agents	Emend capsules and Emend Trifold Pack	aprepitant oral 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antifungals (Oral)	Noxafil tablets	posaconazole delayed-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Antifungals (Topical)	Oxistat Cream	oxiconazole nitrate cream	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Antimuscarinic Agents	Transderm-Scop	scopolamine patches	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Antiplatelet Agents	Plavix	clopidogrel bisulfate tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Antiprotozoals (Oral)	Alinia tablets	nitazoxanide tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Antipsychotics (Oral)	Latuda	lurasidone tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>Criteria: Approve if the Brand product is</p>

			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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antipsychotics (Oral)	Abilify	aripiprazole tablets and oral solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antipsychotics (Oral)	Saphris	asenapine sublingual tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antipsychotics (Oral)	Seroquel	quetiapine fumarate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antipsychotics (Oral)	Seroquel XR	quetiapine fumarate extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Banzel	rufinamide tablets and oral suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Keppra	levetiracetam tablets and solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Keppra XR	levetiracetam extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Lamictal	lamotrigine tablets and chewable tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Antiseizure Medications	Lamictal ODT	lamotrigine oral disintegrating tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Lamictal XR	lamotrigine extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Onfi	clobazam tablets and suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Sabril	vigabatrin tablets and powder packet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Topamax	topiramate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Trileptal	oxcarbazepine tablets and suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Vimpat	lacosamide tablets and oral solution and vials	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antiseizure Medications	Zonegran	zonisamide capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antivirals (Oral)	Valtrex	valacyclovir HCl caplets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Antivirals (Topical)	Zovirax ointment	acyclovir 5% ointment	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Aromatase inhibitor	Arimidex	anastrozole tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>1. For brand Arimidex requests, approve one of the following (A <u>or</u> B):</p> <p style="padding-left: 40px;">A) The patient meets both of the following (i <u>and</u> ii):</p> <p style="padding-left: 80px;">i. The requested brand non-formulary drug is being prescribed for the primary prevention of breast cancer for a post-menopausal patient aged 35 years or greater who is at increased risk of breast cancer and at low risk for adverse medication effects and who does NOT have a current or previous diagnosis of breast cancer or ductal carcinoma in situ (DCIS); AND</p> <p style="padding-left: 80px;">ii. The patient meets one of the following (a <u>or</u> b):</p>

		<p>a. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>b. According to the prescriber, other formulary alternatives would not be as medically appropriate for the patient as the requested non-formulary drug.*</p> <p>B) The patient meets both of the following (i and ii):</p> <p>i. The requested brand non-formulary drug is being prescribed for a use OTHER THAN the primary prevention of breast cancer for a post-menopausal patient aged 35 years or greater who is at increased risk of breast cancer and at low risk for adverse medication effects and who does NOT have a current or previous diagnosis of breast cancer or ductal carcinoma in situ (DCIS); AND</p> <p>ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>2. For generic anastrozole requests,** approve if the requested non-formulary drug is being prescribed for the primary prevention of breast cancer for a post-menopausal patient aged 35 years or greater who is at increased risk of breast cancer and at low risk for adverse medication effects and who does NOT have a current or previous diagnosis of breast cancer or ductal carcinoma in situ (DCIS) AND, according to the prescriber, other formulary alternatives would not be as medically appropriate for the patient as the requested non-formulary drug.</p> <p>*Applicable for clients who are not using Multi-Source Brand criteria.</p> <p>**Note: When compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required, these products would be reviewed under the Standard Commercial Default Criteria.</p>
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Benign Prostatic Hyperplasia (Alpha Blockers and 5-Alpha Reductase Inhibitors)	Avodart	dutasteride 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benign Prostatic Hyperplasia (Alpha Blockers and 5-Alpha Reductase Inhibitors)	Rapaflo	silosodin 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benign Prostatic Hyperplasia (Alpha Blockers and 5-Alpha Reductase Inhibitors)	Uroxatral	alfuzosin tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benzodiazepines	Klonopin	clonazepam tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benzodiazepines	Valium	diazepam tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benzodiazepines	Xanax	alprazolam tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Benzodiazepines	Xanax XR	alprazolam extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Beta-Blocker Products	Bystolic	nebivolol tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Beta-Blocker and Beta-Blocker Combination Products	Inderal LA	propranolol HCl 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Beta-Blocker and Beta-Blocker Combination Products	Toprol XL	metoprolol succinate extended-release tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Bowel Evacuants – Low Volume – Polyethylene Glycol (PEG)-based Preparations	Moviprep	PEG-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, ascorbic acid	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve one of the following (A <u>or</u> B):</p> <p>A. The patient meets both of the following (i <u>and</u> ii):</p> <p style="padding-left: 40px;">i. The requested non-formulary drug is being prescribed for bowel preparation as part of a colorectal cancer screening procedure in a patient between the ages of 45 years and 75 years old; AND</p> <p style="padding-left: 40px;">ii. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug;</p> <p>OR</p> <p>B. The patient meets both of the following (i</p>

			<p><u>and ii):</u></p> <p>i. The requested non-formulary drug is being prescribed for a use OTHER THAN bowel preparation as part of a colorectal cancer screening procedure in a patient between the ages of 45 years and 75 years old; AND</p> <p>ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Bowel Evacuants – Low Volume – Sodium Sulfate-Based Preparations	Suprep	magnesium sulfate; potassium sulfate; sodium sulfate solution	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve one of the following (A <u>or</u> B):</p> <p>A. The patient meets both of the following (i <u>and</u> ii):</p> <p>i. The requested non-formulary drug is being prescribed for bowel preparation as part of a colorectal cancer screening procedure in a patient between the ages of 45 years and 75 years old; AND</p> <p>ii. According to the prescriber, the brand</p>

			<p>product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>B. The patient meets both of the following (i and ii):</p> <ul style="list-style-type: none"> i. The requested non-formulary drug is being prescribed for a use OTHER THAN bowel preparation as part of a colorectal cancer screening procedure in a patient between the ages of 45 years and 75 years old; AND ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].
Calcium Channel Blockers (CCBs)	Norvasc	amlodipine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cancer Agent (Oral)	Targretin capsule	bexarotene capsule	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Cancer Agents - Prostate Cancer (Oral)	Zytiga	abiraterone acetate tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cancer Agents - Renal Cell Carcinoma (Oral)	Afinitor Disperz	everolimus tablets for oral suspension	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cancer Agents - Renal Cell Carcinoma (Oral)	Afinitor tablet	everolimus tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cancer Agents - Tyrosine Kinase Inhibitors	Gleevec	imatinib tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Cardiovascular Medications - Other	Tikosyn	dofetilide capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cardiovascular Medications - Other	BiDil	isosorbide dinitrate and hydralazine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Central Nervous System Non-Stimulants	Intuniv	guanfacine HCl tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Central Nervous System Non-Stimulants	Strattera	atomoxetine HCl capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Central Nervous System Stimulants –	Adderall	dextroamphetamine/amphetamine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>Criteria: Approve if the Brand product is</p>

Amphetamine Products			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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Amphetamine Products	Adderall XR	dextroamphetamine/amphetamine extended-release 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Amphetamine Products	Evekeo	amphetamine sulfate tablet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Methylphenidate Products	Aptensio XR	methylphenidate hydrochloride XR capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Methylphenidate Products	Concerta	methylphenidate hcl extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Methylphenidate Products	Focalin and Focalin XR	dexmethylphenidate tablets and extended-release 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Methylphenidate Products	Ritalin	methylphenidate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Central Nervous System Stimulants – Methylphenidate Products	Ritalin LA	methylphenidate long-acting 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Chelating Agents	Exjade	deferasirox tablets for oral suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Chelating Agents	Jadenu	deferasirox tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Chelating Agents	Jadenu Sprinkles	deferasirox oral granules	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Chelating Agents - Wilson's Disease	Cuprimine	penicillamine 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Constipation Agents – Chronic Idiopathic Constipation Agents/Irritable Bowel Syndrome	Amitiza	lubiprostone 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Contraceptives – Oral	Balcoltra	ethinyl estradiol 0.02 mg; levonorgestrel	<u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u> NOTE: A multisource Brand product is being

		0.1 mg; ferrous bisglycinate tablet	<p>requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i or ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].
Contraceptives	NuvaRing	etonogestrel/ethinyl estradiol vaginal ring	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

			<p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Contraceptives – Oral	Loestrin and Loestrin FE	ethinyl estradiol/norethindrone and ferrous fumarate tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being</p>

			<p>requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Contraceptives – Oral	Minastrin 24 FE	norethindrone - ethinyl estradiol - iron chewable tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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</p>

			and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Contraceptives – Oral	Mircette	desogestrel - ethinyl estradiol and ethinyl estradiol tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i or ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

Contraceptives – Oral	Quartette	levonorgestrel-ethinyl estradiol and ethinyl estradiol tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i or ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].
Contraceptives – Oral	Safyral	drospirenone/ethinyl estradiol-levomefolate tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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,</p>

			<p>per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Contraceptives – Oral	Seasonique	levonorgestrel-ethinyl estradiol and ethinyl estradiol tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p>

			<p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Contraceptives – Oral	Taytulla	norethindrone and ethinyl estradiol and ferrous fumarate capsules	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i or ii):</p> <p>i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of</p>

			<p>pregnancy AND 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Contraceptives – Oral	Yasmin	ethinyl estradiol/drospirenone tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u> NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u> Approve if the patient meets one of the following criteria (i or ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND 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 prescriber, would result in a significant

			allergy or serious adverse reaction [documentation required] .
Corticosteroids (Topical)	Anusol-HC cream	hydrocortisone acetate cream	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Corticosteroids (Topical)	Locoid	hydrocortisone butyrate cream, lotion, ointment, solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Corticosteroids (Topical)	Locoid Lipocream	hydrocortisone butyrate 0.1% cream	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Corticosteroids (Topical)	Topicort spray	desoximetasone spray	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Corticosteroids (Topical)	Vanos	fluocinonide 0.1% cream	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Cushing's - Cortisol Receptor Blocker	Korlym	mifepristone 300 mg tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Cystinuria Agents	Thiola	tiopronin tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Direct Renin Inhibitors	Tektura	aliskiren tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Endocrine Drugs - Miscellaneous	Samsca	tolvaptan tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Endocrine Drugs - Miscellaneous	Sensipar	cinacalcet tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>Criteria: Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g.,</p>

			difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Erectile Dysfunction Agents - Phosphodiesterase Type 5 (PDE-5) Inhibitors	Cialis	tadalafil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Erectile Dysfunction Agents - Phosphodiesterase Type 5 (PDE-5) Inhibitors	Viagra	sildenafil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Estrogen and Estrogen Combination Products (Topical)	Estrogel	estradiol gel 0.06%	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Estrogen and Estrogen Combination Products (Topical)	Divigel	estradiol gel 0.1%	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Estrogen and Estrogen Combination Products (Topical)	Minivelle	estradiol transdermal patch	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Estrogen and Estrogen Combination Products (Topical)	Vivelle-Dot	estradiol transdermal patch	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Estrogen Products (Vaginal)	Estrace Cream	estradiol cream	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Estrogen Products (Vaginal)	Vagifem	estradiol vaginal tablet	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Fenofibrates	Tricor	fenofibrate tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Fertility Agents – Gonadotropin-Releasing Hormone (GnRH) Antagonists	ganirelix injection	ganirelix acetate injection	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Gabapentin and Gabapentin-Like Medications	Lyrica	pregabalin capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Gabapentin and Gabapentin-	Lyrica CR	pregabalin controlled-release capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>Criteria: Approve if the Brand product is</p>

Like Medications			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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Gabapentin and Gabapentin-Like Medications	Neurontin	gabapentin tablet, capsule and solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Gastrointestinal Drugs - Miscellaneous	Cuvposa	glycopyrrolate oral solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Gastrointestinal Drugs - Miscellaneous	Carafate	sulcralfate tablets and oral suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Gaucher Disease Medications	Zavesca	miglustat capsules	NOTE: A multisource Brand product is being requested. See standard <i>Gaucher Disease – Substrate</i>

			<i>Reduction Therapy Preferred Specialty Management Policy criteria</i>
Gout Medications	Colcrys	colchicine tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Gout Medications	Uloric	febuxostat tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Head Lice Treatments (Topical)	Natroba	spinosad topical suspension	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Hepatitis B Agents	Baraclude tablets	entecavir tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

HMG-CoA Reductase Inhibitors and Combination Products	Crestor	rosuvastatin tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve one of the following (A <u>or</u> B):</p> <p>A. The patient meets both of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed for the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND ii. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; <p>OR</p> <p>B. The patient meets both of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed for a use OTHER THAN the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary
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			<p>artery disease, ischemic stroke); AND</p> <p>ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
HMG-CoA Reductase Inhibitors and Combination Products	Lipitor	atorvastatin tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve one of the following (A <u>or</u> B):</p> <p>A. The patient meets both of the following (i <u>and</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed for the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease,</p>

			<p>ischemic stroke); AND</p> <p>ii. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>B. The patient meets both of the following (i and ii):</p> <p>i. The requested brand non-formulary drug is being prescribed for a use OTHER THAN the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND</p> <p>ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
HMG-CoA Reductase Inhibitors and Combination Products	Zocor	simvastatin tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve one of the following (A or B):</p> <p>A. The patient meets both of the following (i and ii):</p>

			<p>i. The requested brand non-formulary drug is being prescribed for the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND</p> <p>ii. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR</p> <p>B. The patient meets both of the following (i <u>and</u> ii):</p> <p>i. The requested brand non-formulary drug is being prescribed for a use OTHER THAN the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND</p> <p>ii. 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
HMG-CoA Reductase Inhibitors and Combination Products	Vytorin	ezetimibe/simvastatin tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Human Immunodeficiency Virus (HIV-1) - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)-Based Combination Products	Atripla	efavirenz 600 mg, emtricitabine 200 mg, tenofovir disoproxil fumarate 300 mg tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Human Immunodeficiency Virus (HIV-1) – NRTI Based Combination Products	Truvada	emtricitabine/tenofovir tablets	<p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u></p> <p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p> <p>OR</p> <p><u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.</u></p> <p>Approve if the patient meets one of the following criteria (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. The requested brand non-formulary drug is being prescribed for HIV Pre-Exposure Prophylaxis (PrEP) AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN HIV Pre-Exposure Prophylaxis (PrEP) AND 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

			prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Hypolipoprot einemics	Welchol packets and tablets	colesevelam packets and tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Hypolipoprot einemics	Zetia	ezetimibe tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Idiopathic Pulmonary Fibrosis Agents	Esbriet	pirfenidone tablets and 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Inflammatory Bowel Agents	Canasa	mesalamine rectal suppository	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Inflammatory Bowel Agents	Delzicol	mesalamine delayed-release capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Inflammatory Bowel Agents	Lialda	mesalamine delayed-release tablet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Inflammatory Conditions	Plaquenil	hydroxychloroquine sulfate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Iron Replacement (Injectable)	Feraheme	ferumoxytol injection	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Irritable Bowel Syndrome Agents	Lotronex	alosetron tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Leukotriene Pathway Inhibitors	Singulair tablets	montelukast sodium tablets, chewable tablets, granules	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Long-Acting Beta-Agonists (nebulized)	Perforomist	formoterol fumarate inhalation solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Long-Acting Opioids (Transdermal)	Butrans	buprenorphine transdermal system	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Low Molecular Weight Heparins and Related Agents	Lovenox	enoxaparin sodium injection (syringe/vial)	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Metabolic Agents	Cystadane	betaine trimethylglycine powder for solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Imitrex injection	sumatriptan succinate solution for injection (injectable pen/cartridges)	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Imitrex nasal spray	sumatriptan nasal spray	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Imitrex tablets	sumatriptan succinate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Migraine Agents - Triptans	Maxalt	rizatriptan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Maxalt MLT	rizatriptan orally disintegrating tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Relpax	eletriptan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Migraine Agents - Triptans	Zomig tablets	zolmitriptan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Miscellaneous anticholinergic	Mestinon	pyridostigmine tablet, solution,	NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. Criteria: Approve if the Brand product is

		extended-release tablet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Multiple Sclerosis Drugs - Injectable glatiramer	Copaxone	glatiramer acetate injection	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Multiple Sclerosis Drugs (Oral)	Gilenya 0.5 mg	fingolimod capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Multiple Sclerosis Drugs (Oral)	Ampyra	dalfampridine extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Nasal Antihistamines and Combination Products	Dymista	azelastine and fluticasone propionate nasal spray	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAID and Acid Reducing Agent Combination Products	Duexis	ibuprofen and famotidine tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAID and Acid Reducing Agent Combination Products	Vimovo	naproxen and esomeprazole magnesium delayed-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAIDS (Cox2)	Celebrex	celecoxib 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAIDS (Oral)	Indocin Suspension	indomethacin oral suspension	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 prescriber, would result in a significant allergy or serious

			adverse reaction [documentation required] .
NSAIDs (Oral)	Nalfon	fenoprofen 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAIDs (Oral)	Zipsor	diclofenac potassium capsule	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
NSAIDs (Topical)	Pennsaid	diclofenac sodium topical solution 2.0% pump	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Omega-3 Fatty Acid Products	Lovaza	omega-3 acid ethyl esters 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Ophthalmic Anti-Allergics	Bepreve	bepotastine besilate ophthalmic solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Anti-Inflammatory Agents - NSAIDs	BromSite	bromfenac 0.075% ophthalmic solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Corticosteroids	Durezol	difluprednate 0.05% ophthalmic emulsion	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Drugs for Glaucoma - Beta-Adrenergic Blocker	Istalol	timolol maleate 0.5% ophthalmic solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Ophthalmic Drugs for Glaucoma - Carbonic Anhydrase Inhibitor	Azopt	brinzolamide 1% ophthalmic suspension	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Drugs for Glaucoma - Carbonic Anhydrase Inhibitor/Beta-Adrenergic Blocker	Cosopt/Cosopt PF	dorzolamide 2%/timolol 0.5% ophthalmic solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Drugs for Glaucoma - Prostaglandins	Zioptan	tafluprost 0.0015% ophthalmic solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Drugs for Glaucoma - Prostaglandins	Travatan Z	travoprost 0.004% ophthalmic solution (benzalkonium chloride-free)	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Ophthalmic Drugs for Glaucoma -	Xalatan	latanoprost 0.005% ophthalmic solution	NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product. Criteria: Approve if the Brand product is

Prostaglandins			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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Opiate Agonists/Ant agonists	Suboxone	buprenorphine /naloxone sublingual film	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Opioids (Oral) - Other	Percocet	oxycodone/ac etaminophen tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Overactive Bladder Agents (Oral and Topical)	Detrol	tolterodine tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Overactive Bladder Agents (Oral and Topical)	Detrol LA	tolterodine, extended-release 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Overactive Bladder Agents (Oral and Topical)	Vesicare	solifenacin succinate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Overactive Bladder Agents (Oral)	Toviaz	fesoterodine fumarate extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Phenylketonuria	Kuvan	sapropterin tablet and powder packet	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Phosphate Binders	Fosrenol chewable tablets	lanthanum carbonate chewable tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Phosphate Binders	Renagel	sevelamer hydrochloride tablet	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Aciphex	rabeprazole sodium tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Nexium capsules	esomeprazole delayed-release capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Nexium packet (granules for oral suspension) 10 mg, 20 mg, 40 mg packet	esomeprazole delayed-release granules for oral suspension (packet)	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Proton Pump Inhibitors (PPIs)	Prevacid	lansoprazole delayed-release (DR) capsules	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Prevacid SoluTab	lansoprazole orally disintegrating tablets	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Protonix	pantoprazole sodium delayed-release (DR) tablets and intravenous (IV) injection	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>
Proton Pump Inhibitors (PPIs)	Protonix oral suspension	pantoprazole delayed-release oral suspension (granules)	<p>NOTE: A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.</p> <p>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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required].</p>

Pulmonary Arterial Hypertension (PAH) - Endothelin Receptor Antagonists	Letairis	ambrisentan tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Pulmonary Arterial Hypertension (PAH) - Phosphodiesterase 5 Inhibitors	Adcirca	tadalafil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Respiratory - Corticosteroid Nebulized Solutions	Pulmicort	budesonide respules	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Respiratory - Corticosteroid /Long-Acting Beta-Agonist Combination Inhalers	Advair Diskus	fluticasone propionate/salmeterol inhalation powder	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Respiratory Drugs - Other	Daliresp	roflumilast tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Sedative-Hypnotics and Related Agents	Ambien	zolpidem tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Sedative-Hypnotics and Related Agents	Ambien CR	zolpidem extended-release tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Sedative-Hypnotics and Related Agents	Lunesta	eszopiclone tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Sedative-Hypnotics and Related Agents	Rozerem	ramelteon tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Selective Serotonin Reuptake Inhibitors (SSRIs)	Celexa	citalopram tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Selective Serotonin Reuptake Inhibitors (SSRIs)	Lexapro	escitalopram oxalate tablets and oral solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Selective Serotonin Reuptake Inhibitors (SSRIs)	Prozac	fluoxetine HCl pulvules	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Selective Serotonin Reuptake Inhibitors (SSRIs)	Viibryd (non- starter pack) 10 mg, 20 mg, 40 mg	vilazodone tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Selective Serotonin Reuptake Inhibitors (SSRIs)	Zoloft	sertraline HCl tablets and oral solution	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)	Cymbalta	duloxetine HCl 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)	Effexor XR	venlafaxine HCl extended-release 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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)	Pristiq	dexvenlafaxine succinate tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Short-Acting Beta-Agonists (Inhaled)	ProAir HFA	albuterol sulfate inhalation aerosol	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Testosterone Products (Topical)	Androgel	testosterone 1% gel packets and pump, 1.62% (2021)	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Testosterone Products (Topical)	Testim	testosterone gel	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Thyroid Supplements	Cytomel	liothyronine sodium tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Thyroid Supplements	Synthroid	levothyroxine tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Topical Agents for Atopic Dermatitis	Elidel	pimecrolimus cream	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Topical agents for Condyloma acuminatum	Condylox 0.5% topical gel	podofilox 0.5% gel	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Topical Dermatologic al Drugs - Miscellaneous	Lidoderm	lidocaine 5% patch	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Topical Dermatologic al Drugs - Miscellaneous	Tazorac 0.1% cream	tazarotene 0.1% cream	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .

Topical Dermatologic Drugs - Tazarotene	Tazorac gel	tazarotene gel 0.05% and 0.1%	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Urinary Tract Analgesic	Pyridium	phenazopyridine tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Vesicular Monoamine Transporter Type 2 (VMAT2) Inhibitors	Xenazine	tetrabenazine tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Wakefulness Agents	Nuvigil	armodafinil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
Wakefulness Agents	Provigil	modafinil tablets	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 prescriber, would result in a significant allergy or serious adverse reaction [documentation required] .
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REFERENCES

1. U.S. Food and Drug Administration. Drugs@FDA. U.S. Department of Health & Human Services: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual revision	Added: Advair Diskus, Bepreve, Copaxone, Epaned, Ganirelix, Latuda, Protonix oral suspension, Saphris Removed: Asacol HD, Generess FE	07/15/2024
Selected Revision	Added: Lucemyra, Dymista	02/01/2025
Selected Revision	Added: Emend IV	3/15/2025

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