

Alternative Dosage Form Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
02-03-2025

Date of Origin
09-17-2021

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Katerzia	Amlodipine Benzoate Oral Susp 1 MG/ML (Base Equivalent)	1 MG/ML	M ; N ; O ; Y	N		
Norliqva	amlodipine besylate oral soln	1 MG/ML	M ; N ; O ; Y	N		
Lyvispah	baclofen granules packet	10 MG ; 20 MG ; 5 MG	M ; N ; O ; Y	N		
Baclofen ; Ozobax	Baclofen Oral Soln 5 MG/5ML	5 MG/5ML	M ; N ; O ; Y	M ; Y		
Fleqsuvy	Baclofen Susp	25 MG/5ML	M ; N ; O ; Y	O ; Y		
Diphenoxylate/atropine	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	2.5-0.025 MG/5ML	M ; N ; O ; Y	N		
Epaned	Enalapril Maleate Oral Soln 1 MG/ML	1 MG/ML	M ; N ; O ; Y	O ; Y		
Nexium	esomeprazole magnesium for delayed release susp pack ; esomeprazole magnesium for delayed release susp packet	10 MG ; 2.5 MG ; 20 MG ; 40 MG ; 5 MG	M ; N ; O ; Y	O ; Y		
Cuvposa	Glycopyrrolate Oral Soln 1 MG/5ML	1 MG/5ML	M ; N ; O ; Y	O ; Y		
Indomethacin	indomethacin suppos	100 MG ; 50 MG	M ; N ; O ; Y	N ; Y		
Indocin	Indomethacin Susp 25 MG/5ML	25 MG/5ML	M ; N ; O ; Y	O ; Y		
Ketorolac tromethamine ; Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	M ; N ; O ; Y	M ; N		
Qbrelis	Lisinopril Oral Soln 1 MG/ML	1 MG/ML	M ; N ; O ; Y	N		
Meloxicam	Meloxicam Susp 7.5 MG/5ML	7.5 MG/5ML	M ; N ; O ; Y	M		
Gimoti	Metoclopramide HCl Nasal Spray	15 MG/ACT	M ; N ; O ; Y	N		
Naprosyn	naproxen susp	125 MG/5ML	M ; N ; O ; Y	O ; Y		
Teglutik ; Tiglutik	riluzole susp	50 MG/10ML	M ; N ; O ; Y	N		
Entresto	sacubitril-valsartan sprinkle cap	6-6 MG	M ; N ; O ; Y	N		
Entresto	sacubitril-valsartan sprinkle cap	15-16 MG	M ; N ; O ; Y	N		
Sotylize	Sotalol HCl Oral Solution 5 MG/ML	5 MG/ML	M ; N ; O ; Y	N		
Carafate	sucralfate susp	1 GM/10ML	M ; N ; O ; Y	O ; Y		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Indomethacin Suppos 50 MG	50 MG	120	Suppositories	30	DAYS			
Baclofen ; Ozobax	Baclofen Oral Soln 5 MG/5ML	5 MG/5ML	2400	mLs	30	DAYS			
Carafate	Sucralfate Susp 1 GM/10ML	1 GM/10ML	1200	mLs	30	DAYS			
Diphenoxylate/atropine	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	2.5-0.025 MG/5ML	1200	mLs	30	DAYS			
Entresto	sacubitril-valsartan sprinkle cap	6-6 MG	240	Capsules	30	DAYS			
Entresto	sacubitril-valsartan sprinkle cap	15-16 MG	240	Capsules	30	DAYS			
Epaned	Enalapril Maleate Oral Soln 1 MG/ML	1 MG/ML	1200	mLs	30	DAYS			
Fleqsuvy	Baclofen Susp	25 MG/5ML	600	mLs	30	DAYS			
Indocin	Indomethacin Susp 25 MG/5ML	25 MG/5ML	1200	mLs	30	DAYS			
Katerzia	Amlodipine Benzoate Oral Susp 1 MG/ML (Base Equivalent)	1 MG/ML	300	mLs	30	DAYS			
Ketorolac tromethamine ; Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	5	Bottles	30	DAYS			
Lyvispah	Baclofen Granules Packet	5 MG	120	Packets	30	DAYS			
Lyvispah	Baclofen Granules Packet	10 MG	120	Packets	30	DAYS			
Lyvispah	Baclofen Granules Packet	20 MG	120	Packets	30	DAYS			
Meloxicam	Meloxicam Susp 7.5 MG/5ML	7.5 MG/5ML	300	mLs	30	DAYS			
Naprosyn	Naproxen Susp 125 MG/5ML	125 MG/5ML	1800	mLs	30	DAYS			
Nexium	esomeprazole magnesium for delayed release susp pack ; esomeprazole magnesium for delayed release susp packet	10 MG ; 2.5 MG ; 20 MG ; 40 MG ; 5 MG	60	Packets	30	DAYS			
Norliqva	Amlodipine Besylate Oral Soln	1 MG/ML	300	mLs	30	DAYS			
Qbrelis	Lisinopril Oral Soln 1 MG/ML	1 MG/ML	2400	mLs	30	DAYS			
Sotylize	Sotalol HCl Oral Solution 5 MG/ML	5 MG/ML	1920	mLs	30	DAYS			
Teglutik ; Tiglutik	Riluzole Susp 50 MG/10ML	50 MG/10ML	600	mLs	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Baclofen ; Ozobax	Baclofen Oral Soln 5 MG/5ML	5 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Carafate	sucralfate susp	1 GM/10ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Cuvposa	Glycopyrrolate Oral Soln 1 MG/5ML	1 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Dartisla odt	glycopyrrolate tab disintegrating	1.7 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Diphenoxylate/atropine	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	2.5-0.025 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Entresto	sacubitril-valsartan sprinkle cap	6-6 MG	
Entresto	sacubitril-valsartan sprinkle cap	15-16 MG	
Epaned	Enalapril Maleate Oral Soln 1 MG/ML	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Fleqsuvy	Baclofen Susp	25 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Gimoti	Metoclopramide HCl Nasal Spray	15 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Indocin	Indomethacin Susp 25 MG/5ML	25 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Indomethacin	indomethacin suppos	100 MG ; 50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Katerzia	Amlodipine Benzoate Oral Susp 1 MG/ML (Base Equivalent)	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ketorolac tromethamine ; Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Lyvispah	baclofen granules packet	10 MG ; 20 MG ; 5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Meloxicam	Meloxicam Susp 7.5 MG/5ML	7.5 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Naprosyn	naproxen susp	125 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Nexium	esomeprazole magnesium for delayed release susp pack ; esomeprazole magnesium for delayed release susp packet	10 MG ; 2.5 MG ; 20 MG ; 40 MG ; 5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Norliqva	amlodipine besylate oral soln	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Qbrelis	Lisinopril Oral Soln 1 MG/ML	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Sotylize	Sotalol HCl Oral Solution 5 MG/ML	5 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Teglutik ; Tiglutik	riluzole susp	50 MG/10ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Valsartan	valsartan oral soln	4 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Indomethacin Suppos 50 MG	50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Baclofen ; Ozobax	Baclofen Oral Soln 5 MG/5ML	5 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Carafate	Sucralfate Susp 1 GM/10ML	1 GM/10ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Diphenoxylate/atropine	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	2.5-0.025 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Entresto	sacubitril-valsartan sprinkle cap	6-6 MG	
Entresto	sacubitril-valsartan sprinkle cap	15-16 MG	
Epaned	Enalapril Maleate Oral Soln 1 MG/ML	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Fleqsuvy	Baclofen Susp	25 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Indocin	Indomethacin Susp 25 MG/5ML	25 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Katerzia	Amlodipine Benzoate Oral Susp 1 MG/ML (Base Equivalent)	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ketorolac tromethamine ; Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Lyvispah	Baclofen Granules Packet	20 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Lyvispah	Baclofen Granules Packet	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Lyvispah	Baclofen Granules Packet	5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Meloxicam	Meloxicam Susp 7.5 MG/5ML	7.5 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Naprosyn	Naproxen Susp 125 MG/5ML	125 MG/5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Nexium	esomeprazole magnesium for delayed release susp pack ; esomeprazole magnesium for delayed release susp packet	10 MG ; 2.5 MG ; 20 MG ; 40 MG ; 5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Norliqva	Amlodipine Besylate Oral Soln	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Qbrelis	Lisinopril Oral Soln 1 MG/ML	1 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Sotylize	Sotalol HCl Oral Solution 5 MG/ML	5 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Teglutik ; Tiglutik	Riluzole Susp 50 MG/10ML	50 MG/10ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> The requested quantity (dose) does NOT exceed the program quantity limit OR The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> BOTH of the following: <ol style="list-style-type: none"> The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND There is support for therapy with a higher dose for the requested indication OR BOTH of the following: <ol style="list-style-type: none"> The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR BOTH of the following: <ol style="list-style-type: none"> The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND There is support for therapy with a higher dose for the requested indication <p>Length of Approval: 12 months</p>

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The patient is 12 years of age or younger OR 2. ALL of the following: <ol style="list-style-type: none"> A. The patient has an FDA labeled indication for the requested agent AND B. The patient does NOT have any FDA labeled contraindications to the requested agent AND C. ONE of the following: <ol style="list-style-type: none"> 1. BOTH of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR 2. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND B. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR 2. The oral solid dosage form (prescription or OTC if applicable) is not clinically appropriate for the patient (i.e., difficulty swallowing tablets/capsules; for sucralfate requests, unable to dissolve the tablet dosage form in water) [chart notes are required] OR 3. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] OR 4. The patient has tried and had an inadequate response to the oral solid dosage form (prescription or OTC if applicable) [chart notes are required] OR 5. The oral solid dosage form (prescription or OTC if applicable) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR 6. The patient has an intolerance or hypersensitivity to the oral solid dosage form (prescription or OTC if applicable) that is not expected to occur with the requested agent [chart notes are required] OR 7. The patient has an FDA labeled contraindication to the oral solid dosage form (prescription or OTC if applicable) that is not expected to occur with the requested agent [chart notes are required] OR 8. The oral solid dosage form (prescription or OTC if applicable) is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR 9. The oral solid dosage form (prescription or OTC if applicable) is not in the best interest of the patient based on medical necessity [chart notes are required] OR 10. The patient has tried another drug in the same pharmacologic class or with the same mechanism of action as the oral solid dosage

Module	Clinical Criteria for Approval
	<p>form (prescription or OTC if applicable) and that drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required]</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when the following are met:</p> <ol style="list-style-type: none"> 1. The member resides in Ohio AND 2. The plan is Fully Insured or HIM Shop (SG) AND BOTH of the following <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p>