Market Events Criteria

EXPRESS SCRIPTS®

Target Medication	Market Events Criteria	Approval Duration	TAC Review Date
Alcortin A (hydrocortisone 2%/iodoquinol 1%/aloe 1% gel)	Approve if the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with five single-entity corticosteroid topical agents AND one prescription topical anti-infective agent. Note: Examples of topical corticosteroids include: hydrocortisone cream/lotion/ointment [multiple brand and generic products], betamethasone cream/ointment/lotion [Diprolene, generics], clobetasol cream/gel/lotion [Temovate, Clobex, generics], fluocinolone ointment/cream [Synalar, generics], fluocinonide cream/ointment/gel [generics], mometasone cream/lotion/ointment [Elocon, generics], triamcinolone cream/ointment/lotion [generics]. Note: Examples of prescription topical anti-infectives include: mupirocin 2% cream [Bactroban, generics], mupirocin 2% ointment [Bactroban, generics], Centany ointment, Centany AT ointment, Altabax ointment).	1 year	3/29/2023
Amrix ER (cyclobenzaprine ER) 15 mg and 30 mg capsules, generics	Approve if the patient has tried and cannot take cyclobenzaprine 5 mg or 10 mg tablets (generics).	1 year	3/29/2023
chlorzoxazone 250mg (generics)	**1.** Direct to the 500 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use the chlorzoxazone 500 mg tablets. Note: If the 500 mg tablets are not currently available, approve a 1-time override.	1 year	3/29/2023
clemastine 0.5 mg/0.5mL syrup (generics)	**1.** Approve if the patient has tried five oral antihistamines (e.g., clemastine tablets, diphenhydramine, chlorpheniramine, carbinoxamine, hydroxyzine, cetirizine). **2.** If the patient is unable to swallow or has difficulty swallowing tablets, approve if the patient has tried at least two of the following: carbinoxamine syrup, diphenhydramine solution, or hydroxyzine solution or syrup.	1 year	3/29/2023
Consensi (amlodipine/celecoxib) tablets Available as a brand product in the following strengths: amlodipine 2.5 mg-celecoxib 200 mg amlodipine 5 mg-celecoxib 200 mg amlodipine 10 mg-celecoxib 200 mg	Market Events does not cover this medication.	N/A	3/29/2023
dexchlorpheniramine 2 mg/5mL oral solution (generics)	Approve if the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR a significant intolerance with one of the following products: loratadine, fexofenadine or cetirizine AND the patient has also tried and, according to the prescriber, has experienced inadequate efficacy OR a significant intolerance with chlorpheniramine. **NOTE:** Prescription or over-the-counter (OTC) products would count toward meeting the requirement.	1 year	3/29/2023
Endari 5 gram powder packet	**1.** Approve if the patient has tried or is currently receiving one hydroxyurea product (hydroxyurea, Droxia, Siklos). **2.** If, according to the prescriber, the patient is not a candidate for a hydroxyurea product (e.g., a patient who is planning to become pregnant; a pregnant patient; or a patient with an immunosuppressive condition [such as cancer]), approve.	1 year	3/29/2023

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fenofibrate 120 mg tablets (generics)	**1.** Direct to other fenofibrate products. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use other fenofibrate products. Note: Examples of other fenofibrate products include fenofibrate (Tricor, Lofibra, generics), fenofibric acid (Trilipix, Fibricor, generics).	1 year	3/29/2023
Fexmid (cyclobenzaprine) 7.5 mg tablets, generics	**1.** Direct to cyclobenzaprine 5 mg or 10 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use the cyclobenzaprine 5 mg or 10 mg tablets.	1 year	3/29/2023
glcyopyrrolate 1.5 mg tablets	Approve if the patient has tried glycopyrrolate 1 or 2 mg tablets.	1 year	3/29/2023
Gocovri (amantadine) ER capsules	Approve if the patient has tried one product from the following list: amantadine capsules, amantadine tablets, or amantadine oral solution AND meets one of the following (A or B): A. Patient derived benefit from immediate-release amantadine, but had intolerable adverse events, as determined by the prescriber; OR B. Patient could not achieve a high enough dosage to gain adequate benefit, as determined by the prescriber.	1 year	3/29/2023
Indocin (indomethacin) 50 mg Suppository; Indomethacin 100 mg Suppository	Market Events does not cover this medication.	N/A	3/29/2023
Indocin (indomethacin) oral suspension	Approve if the patient has tried one of ibuprofen suspension (e.g., Motrin, generics) or naproxen suspension (e.g., Naprosyn, generics). **NOTE:** Over-the-counter ibuprofen suspension would count as an alternative.	1 year	3/29/2023
ketoprofen 25 mg capsule	Approve if the patient has tried five prescription-strength, oral NSAIDs. **Note**: Examples include: etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro, generics), diclofenac (Voltaren XR, generics), piroxicam (Feldene, generics), indomethacin (generics). **Note**: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. **Note**: Five unique NSAIDs should be tried.	1 year	3/29/2023
lactulose 10 gram packet (generic)	Approve if the patient has tried lactulose solution for oral administration. **NOTE:** A trial of the requested agent would NOT count toward meeting this requirement.	1 year	3/29/2023
Latuda tablets (brand)	**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]**.	1 year	3/29/2023
Levorphanol 2 mg and 3 mg tablets	Approve if the patient has tried three medications (each from a different group) of the following: a morphine-containing product, a hydrocodone-containing product, a hydromorphone-containing product, an oxycodone-containing product, an oxymorphone-containing product, a fentanyl-containing product, a methadone-containing product, or a tapentadol-containing product.	1 year	3/29/2023
Librax (brand only)	**1.** Approve if the patient has tried BOTH a dicyclomine-containing product (tablet, capsule, syrup) AND a hyoscamine-containing product (tablet, solution). **2.** Approve if the patient has already been started on chlordiazepoxide-clidinium.	1 year	5/3/2023
lidocaine-tetracaine 7%/7% cream	Market Events does not cover this medication.	N/A	3/29/2023
Lorzone (chlorzoxazone) 375 mg tablet, generics	Market Events does not cover this medication.	N/A	3/29/2023

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Lorzone (chlorzoxazone) 750 mg tablet, generics	**1.** Direct to the 500 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use the chlorzoxazone 500 mg tablets. Note: If the 500 mg tablets are not currently available, approve a 1-time override.	1 year	3/29/2023
Lyrica capsules and oral solution (brand)	**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]**.	1 year	3/29/2023
niacin 500 mg (generic)	Approve if the patient has tried AND cannot take at least two other prescription or over-the-counter (OTC) niacin-containing products due to a significant allergy to an inactive ingredient (e.g., dyes, fillers, etc.) or due to significant adverse reactions to the other niacin-containing products. NOTE: The physician must provide what differences in the inactive ingredient(s) which leads to an allergy to the other niacin-containing products or provide what serious adverse reactions to the other niacin-containing products that are of concern.	1 year	3/29/2023
Niacor (niacin) 500 mg tablets	Approve if the patient has tried AND cannot take at least two other prescription or over-the-counter (OTC) niacin-containing products due to a significant allergy to an inactive ingredient (e.g., dyes, fillers, etc.) or due to significant adverse reactions to the other niacin-containing products. NOTE: The physician must provide what differences in the inactive ingredient(s) which leads to an allergy to the other niacin-containing products or provide what serious adverse reactions to the other niacin-containing products that are of concern.	1 year	3/29/2023
Norgesic Forte (orphenadrine-asprin-caffeine) tablets, Orphengesic Forte (orphenadrine-asprin-caffeine) tablets, generics	Approve if the patient has tried prescription orphenadrine citrate extended-release 100 mg tablets **[documentation required]** AND an over-the-counter (OTC) aspirin and caffeine-containing product **[documentation required]**. Note: Examples of OTC aspirin and caffeine combination products include Anacin tablets, Bayer Back and Body Pain caplet, BC Arthritis powder packets.	1 year	3/29/2023
Novacort (hydrocortisone 2%/ pramoxine 1%/ aloe 1%) gel	Approve if the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with four products from the following list: Epifoam, hydrocortisone-pramoxine cream, Pramosone cream, Pramosone lotion, or Pramosone ointment.	1 year	3/29/2023

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NuvaRing (brand)	Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required. **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]**. OR Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required. Approve if the patient meets one of the following criteria (i or ii): 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]**.	1 year	3/29/2023
Osmolex (amantadine) ER tablets	Approve if the patient has tried one product from the following list: amantadine capsules, amantadine tablets, or amantadine oral solution AND meets one of the following (A or B): A. Patient derived benefit from immediate-release amantadine, but had intolerable adverse events, as determined by the prescriber; OR B. Patient could not achieve a high enough dosage to gain adequate benefit, as determined by the prescriber.	1 year	3/29/2023
oxycodone-acetaminophen 10-300 tablets (includes Primlev and Prolate tablets)	**1.** Direct to oxycodone-acetaminophen 10-325 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use oxycodone-acetaminophen 10-325 mg tablets.	1 year	3/29/2023
oxycodone-acetaminophen 2.5-300 tablets (includes Primlev and Prolate tablets)	**1.** Direct to oxycodone-acetaminophen 2.5-325 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use the oxycodone-acetaminophen 2.5-325 mg tablets.	1 year	3/29/2023
oxycodone-acetaminophen 5-300 tablets (includes Primlev and Prolate tablets)	**1.** Direct to oxycodone-acetaminophen 5-325 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use oxycodone-acetaminophen 5-325 mg tablets.	1 year	3/29/2023
oxycodone-acetaminophen 7.5-300 tablets (includes Primlev and Prolate tablets)	**1.** Direct to oxycodone-acetaminophen 7.5-325 mg tablets. **2.** Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use oxycodone-acetaminophen 7.5-325 mg tablets.	1 year	3/29/2023
Prolate (oxycodone-acetaminophen) 10-300/5 oral solution	**1.** Approve if the patient has tried and cannot take oxycodone-acetaminophen 10-325 mg tablets. **2.** Approve if the patient is unable to swallow or has difficulty swallowing tablets.	1 year	3/29/2023
tizandine capsules (generics)	1. Direct the patient to tizanidine tablets. 2. Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use tizanidine tablets.	1 year	3/29/2023

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Treximet (sumatriptan/naproxen sodium) tablets, generics	Approve if the patient has tried naproxen AND sumatriptan tablets (Imitrex, generics). **NOTE:** A trial of the requested agent would NOT count toward meeting this requirement.	1 year	3/29/2023
Trinaz tablets (prescription dietary supplement for use throughout pregnancy).	Market Events does not cover this medication.	N/A	3/29/2023
venlafaxine ER tablets (generics) 150 mg, 225 mg, 75 mg	1. Direct the patient to venlafaxine ER capsules. 2. If the request if for the 225 mg ER tablets, approve. 3. Approve if, according to the prescriber, there is a significant clinical concern such that the patient is unable to use venlafaxine ER capsules.	1 year	3/29/2023
Viagra (brand)	**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. Note: Market Events criteria also looks for a claim in the patient's history for generic sildenafil.	1 year	3/29/2023
Vivlodex (meloxicam) capsules, Zorvolex (diclofenac) capsules, and Tivorbex (indomethacin) capsules	Approve if the patient has tried five prescription-strength, oral NSAIDs. **Note**: Examples include: indomethacin (generics), etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro, generics), diclofenac (Voltaren XR, generics), piroxicam (Feldene, generics). **Note**: Over-the-counter (OTC) NSAIDs would count if prescription-strength doses were used. **Note**: Five unique NSAIDs should be tried.	1 year	3/29/2023
Zavesca capsules	See separate *Zavesca Market Events Clinical Policy*	1 year	5/17/2023