

non-preferred oral solution and suspension products

Commercial Pharmacy Benefit Drug Policy

Drug Details

USP Category:

Mechanism of Action: various

Label Name	Quantity Limit
Likmez 500 MG/5ML SUSPENSION	40 ml/day
Ermeza 150 MCG/5ML SOLUTION	10ml/day
Norliqva 1 MG/ML SOLUTION	10 ml/day
Valsartan 4 MG/ML SOLUTION	80 ml/day
Valsartan 4 MG/ML SOLUTION	80 ml/day
Valsartan 4 MG/ML SOLUTION	80 ml/day
Atorvaliq 20 MG/5ML SUSPENSION	20 ml/day
Zonisade 100 MG/5ML SUSPENSION	30 ml/day

Condition(s) listed in policy *(see coverage criteria for details)*

- FDA-approved and compendia supported uses

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

FDA-approved and compendia supported uses

- Patient is unable to use preferred oral formulation (i.e. tablet, capsule), **and**
- Dose does not exceed FDA label maximum.

Coverage Period:

one year

References

- Atorvaliq. Prescribing Information. CMP Pharma, Inc; 2023.
- Ermeza. Prescribing Information. Mylan Specialty LP; 2022.
- Likmez. Prescribing Information. Saptalis Pharmaceuticals LLC. 9/2023.
- Norliqva. Prescribing Information. CMP Pharma, Inc; 2022.
- Valsartan oral solution. Prescribing Information. Novitium Pharma; 2021.
- Zonisade. Prescribing Information. Azurity Pharmaceuticals, Inc; 2022.

Review History



Date of Last Annual Review: 3Q2023

Date of last revision: 08/02/2023

Changes from previous policy version:

- Annual review – no clinical change.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*