



2025 Step Therapy (ST) Criteria

Some drugs require step therapy pre-approval. This means that your doctor must have you first try a different drug to treat your medical condition before we will cover a drug that needs step therapy pre-approval.

Below you will find a table of drugs that require step therapy pre-approval. If you find your drug on this list, talk to your doctor about what other drugs you could try first.

To see if your drug is on the list, refer to the table of contents below for the step therapy criteria you are looking for, or refer to the index located at the end of this document for the medication you are looking for.

ADHD NON-STIMULANTS

Products Affected

Step 1:

- *atomoxetine 10 mg capsule*
- *atomoxetine 100 mg capsule*
- *atomoxetine 18 mg capsule*
- *atomoxetine 25 mg capsule*
- *atomoxetine 40 mg capsule*
- *atomoxetine 60 mg capsule*
- *atomoxetine 80 mg capsule*
- *dexmethylphenidate 10 mg tablet*
- *dexmethylphenidate 2.5 mg tablet*
- *dexmethylphenidate 5 mg tablet*
- *dexmethylphenidate er 10 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 15 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 20 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 25 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 30 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 35 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 40 mg capsule, extended release biphasic50-50*
- *dexmethylphenidate er 5 mg capsule, extended release biphasic50-50*
- *dextroamphetamine sulfate 10 mg tablet*
- *dextroamphetamine sulfate 15 mg tablet*
- *dextroamphetamine sulfate 20 mg tablet*
- *dextroamphetamine sulfate 30 mg tablet*
- *dextroamphetamine sulfate 5 mg tablet*
- *dextroamphetamine sulfate 5 mg/5 ml oral solution*
- *dextroamphetamine sulfate er 10 mg capsule, extended release*
- *dextroamphetamine sulfate er 15 mg capsule, extended release*
- *dextroamphetamine sulfate er 5 mg capsule, extended release*
- *dextroamphetamine-amphetamine 10 mg tablet*
- *dextroamphetamine-amphetamine 12.5 mg tablet*
- *dextroamphetamine-amphetamine 15 mg tablet*
- *dextroamphetamine-amphetamine 20 mg tablet*
- *dextroamphetamine-amphetamine 30 mg tablet*
- *dextroamphetamine-amphetamine 5 mg tablet*
- *dextroamphetamine-amphetamine 7.5 mg tablet*
- *dextroamphetamine-amphetamine er 10 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr*
- *dextroamphetamine-amphetamine er 15 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 20 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 25 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 25 mg capsule, 3 bead, ext release 24hr*
- *dextroamphetamine-amphetamine er 30 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr*
- *dextroamphetamine-amphetamine er 5 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 50 mg capsule, 3 bead, ext release 24hr*
- *lisdexamfetamine 10 mg capsule*
- *lisdexamfetamine 10 mg chewable tablet*
- *lisdexamfetamine 20 mg capsule*
- *lisdexamfetamine 20 mg chewable tablet*
- *lisdexamfetamine 30 mg capsule*
- *lisdexamfetamine 30 mg chewable tablet*
- *lisdexamfetamine 40 mg capsule*
- *lisdexamfetamine 40 mg chewable tablet*
- *lisdexamfetamine 50 mg capsule*

- *lisdexamfetamine 50 mg chewable tablet*
- *lisdexamfetamine 60 mg capsule*
- *lisdexamfetamine 60 mg chewable tablet*
- *lisdexamfetamine 70 mg capsule*
- *methylphenidate 10 mg chewable tablet*
- *methylphenidate 10 mg tablet*
- *methylphenidate 10 mg/5 ml oral solution*
- *methylphenidate 2.5 mg chewable tablet*
- *methylphenidate 20 mg tablet*
- *methylphenidate 5 mg chewable tablet*
- *methylphenidate 5 mg tablet*
- *methylphenidate 5 mg/5 ml oral solution*
- *methylphenidate cd 10 mg biphasic 30-70 capsule,extended release*
- *methylphenidate cd 20 mg biphasic 30-70 capsule,extended release*
- *methylphenidate cd 30 mg biphasic 30-70 capsule,extended release*
- *methylphenidate cd 40 mg biphasic 30-70 capsule,extended release*
- *methylphenidate cd 50 mg biphasic 30-70 capsule,extended release*
- *methylphenidate cd 60 mg biphasic 30-70 capsule,extended release*
- *methylphenidate er 10 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 10 mg tablet,extended release*
- *methylphenidate er 15 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 18 mg tablet,extended release 24 hr*
- *methylphenidate er 18 mg tablet,extended release 24 hr (bx rating)*
- *methylphenidate er 20 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 20 mg tablet,extended release*
- *methylphenidate er 27 mg tablet,extended release 24 hr*
- *methylphenidate er 27 mg tablet,extended release 24 hr (bx rating)*
- *methylphenidate er 30 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 36 mg tablet,extended release 24 hr*
- *methylphenidate er 36 mg tablet,extended release 24 hr (bx rating)*
- *methylphenidate er 40 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 50 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate er 54 mg tablet,extended release 24 hr*
- *methylphenidate er 54 mg tablet,extended release 24 hr (bx rating)*
- *methylphenidate er 60 mg capsule,extended release (40-60) sprinkle*
- *methylphenidate la 10 mg biphasic 50-50 capsule,extended release*
- *methylphenidate la 20 mg biphasic 50-50 capsule,extended release*
- *methylphenidate la 30 mg biphasic 50-50 capsule,extended release*
- *methylphenidate la 40 mg biphasic 50-50 capsule,extended release*
- *methylphenidate la 60 mg biphasic 50-50 capsule,extended release*
- *procentra 5 mg/5 ml oral solution*
- *zenzedi 10 mg tablet*
- *zenzedi 5 mg tablet*

Step 2:

- QELBREE 100 MG CAPSULE,EXTENDED RELEASE
- QELBREE 150 MG CAPSULE,EXTENDED RELEASE
- QELBREE 200 MG CAPSULE,EXTENDED RELEASE
- STRATTERA 10 MG CAPSULE
- STRATTERA 100 MG CAPSULE
- STRATTERA 18 MG CAPSULE
- STRATTERA 25 MG CAPSULE
- STRATTERA 40 MG CAPSULE
- STRATTERA 60 MG CAPSULE
- STRATTERA 80 MG CAPSULE

Details

Criteria	1. Approve Qelbree or Strattera if the patient has tried a generic stimulant AND separately tried atomoxetine. 2. Approve Qelbree or Strattera if the patient cannot take stimulants (e.g., patients with substance use disorder/misuse concerns, patients who have experienced adverse events) and has tried atomoxetine. 3. Approve Qelbree or Strattera if the patient cannot take stimulants and is unable to swallow whole tablets/capsules.4. Approve Strattera if the patient is currently receiving Strattera and has tried atomoxetine.
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ANGIOTENSIN RECEPTOR BLOCKERS

Products Affected

Step 1:

- *amlodipine 10 mg-olmesartan 20 mg tablet*
- *amlodipine 10 mg-olmesartan 40 mg tablet*
- *amlodipine 10 mg-valsartan 160 mg tablet*
- *amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet*
- *amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet*
- *amlodipine 10 mg-valsartan 320 mg tablet*
- *amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet*
- *amlodipine 5 mg-olmesartan 20 mg tablet*
- *amlodipine 5 mg-olmesartan 40 mg tablet*
- *amlodipine 5 mg-valsartan 160 mg tablet*
- *amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet*
- *amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet*
- *amlodipine 5 mg-valsartan 320 mg tablet*
- *candesartan 16 mg tablet*
- *candesartan 16 mg-hydrochlorothiazide 12.5 mg tablet*
- *candesartan 32 mg tablet*
- *candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet*
- *candesartan 32 mg-hydrochlorothiazide 25 mg tablet*
- *candesartan 4 mg tablet*
- *candesartan 8 mg tablet*
- *irbesartan 150 mg tablet*
- *irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet*
- *irbesartan 300 mg tablet*
- *irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet*
- *irbesartan 75 mg tablet*
- *losartan 100 mg tablet*
- *losartan 100 mg-hydrochlorothiazide 12.5 mg tablet*
- *losartan 100 mg-hydrochlorothiazide 25 mg tablet*
- *losartan 25 mg tablet*
- *losartan 50 mg tablet*
- *losartan 50 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 20 mg tablet*
- *olmesartan 20 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 40 mg tablet*
- *olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 25 mg tablet*
- *olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet*
- *olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet*
- *olmesartan 40 mg-hydrochlorothiazide 25 mg tablet*
- *olmesartan 5 mg tablet*
- *telmisartan 20 mg tablet*
- *telmisartan 40 mg tablet*
- *telmisartan 40 mg-amlodipine 10 mg tablet*
- *telmisartan 40 mg-amlodipine 5 mg tablet*
- *telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet*
- *telmisartan 80 mg tablet*
- *telmisartan 80 mg-amlodipine 10 mg tablet*
- *telmisartan 80 mg-amlodipine 5 mg tablet*
- *telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet*
- *telmisartan 80 mg-hydrochlorothiazide 25 mg tablet*
- *valsartan 160 mg tablet*



- *valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet*
- *valsartan 160 mg-hydrochlorothiazide 25 mg tablet*
- *valsartan 320 mg tablet*
- *valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet*
- *valsartan 320 mg-hydrochlorothiazide 25 mg tablet*
- *valsartan 40 mg tablet*
- *valsartan 80 mg tablet*
- *valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet*

Step 2:

- ATACAND 16 MG TABLET
- ATACAND 32 MG TABLET
- ATACAND 4 MG TABLET
- ATACAND 8 MG TABLET
- ATACAND HCT 16 MG-12.5 MG TABLET
- ATACAND HCT 32 MG-12.5 MG TABLET
- ATACAND HCT 32 MG-25 MG TABLET
- AVALIDE 150 MG-12.5 MG TABLET
- AVALIDE 300 MG-12.5 MG TABLET
- AVAPRO 150 MG TABLET
- AVAPRO 300 MG TABLET
- AVAPRO 75 MG TABLET
- AZOR 10 MG-20 MG TABLET
- AZOR 10 MG-40 MG TABLET
- AZOR 5 MG-20 MG TABLET
- AZOR 5 MG-40 MG TABLET
- BENICAR 20 MG TABLET
- BENICAR 40 MG TABLET
- BENICAR 5 MG TABLET
- BENICAR HCT 20 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-25 MG TABLET
- COZAAR 100 MG TABLET
- COZAAR 25 MG TABLET
- COZAAR 50 MG TABLET
- DIOVAN 160 MG TABLET
- DIOVAN 320 MG TABLET
- DIOVAN 40 MG TABLET
- DIOVAN 80 MG TABLET
- DIOVAN HCT 160 MG-12.5 MG TABLET
- DIOVAN HCT 160 MG-25 MG TABLET
- DIOVAN HCT 320 MG-12.5 MG TABLET
- DIOVAN HCT 320 MG-25 MG TABLET
- DIOVAN HCT 80 MG-12.5 MG TABLET
- EXFORGE 10 MG-160 MG TABLET
- EXFORGE 10 MG-320 MG TABLET
- EXFORGE 5 MG-160 MG TABLET
- EXFORGE 5 MG-320 MG TABLET
- EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET
- EXFORGE HCT 10 MG-160 MG-25 MG TABLET
- EXFORGE HCT 10 MG-320 MG-25 MG TABLET
- EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET
- EXFORGE HCT 5 MG-160 MG-25 MG TABLET
- HYZAAR 100 MG-12.5 MG TABLET
- HYZAAR 100 MG-25 MG TABLET
- HYZAAR 50 MG-12.5 MG TABLET
- MICARDIS HCT 40 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-25 MG TABLET
- TRIBENZOR 20 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-25 MG TABLET
- TRIBENZOR 40 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-5 MG-25 MG TABLET



- VALSARTAN 4 MG/ML ORAL SOLUTION

Details

Criteria	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug.
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ANTIPSYCHOTICS (LONG ACTING INJECTABLE) - PST

Products Affected

Step 1:

- ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE
- INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE
- INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE
- INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE
- INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE
- INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE
- INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE
- *risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas*
- *risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release*
- *risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas*
- *risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release*
- UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE

Step 2:



- PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE
- PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE

Details

Criteria	Approve step 2 product if the patient has tried one step 1 product. Approve step 2 product if the patient is currently receiving therapy with the requested drug or has received the requested drug at any time in the past.
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ANTIPSYCHOTICS (ORAL) - PST

Products Affected

Step 1:

- ABILIFY 10 MG TABLET
- ABILIFY 15 MG TABLET
- ABILIFY 2 MG TABLET
- ABILIFY 20 MG TABLET
- ABILIFY 30 MG TABLET
- ABILIFY 5 MG TABLET
- aripiprazole 1 mg/ml oral solution
- aripiprazole 10 mg disintegrating tablet
- aripiprazole 10 mg tablet
- aripiprazole 15 mg disintegrating tablet
- aripiprazole 15 mg tablet
- aripiprazole 2 mg tablet
- aripiprazole 20 mg tablet
- aripiprazole 30 mg tablet
- aripiprazole 5 mg tablet
- asenapine 10 mg sublingual tablet
- asenapine 2.5 mg sublingual tablet
- asenapine 5 mg sublingual tablet
- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE
- GEODON 20 MG CAPSULE
- GEODON 40 MG CAPSULE
- GEODON 60 MG CAPSULE
- GEODON 80 MG CAPSULE
- INVEGA 3 MG TABLET,EXTENDED RELEASE
- INVEGA 6 MG TABLET,EXTENDED RELEASE
- INVEGA 9 MG TABLET,EXTENDED RELEASE
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET
- lurasidone 120 mg tablet
- lurasidone 20 mg tablet
- lurasidone 40 mg tablet
- lurasidone 60 mg tablet
- lurasidone 80 mg tablet
- olanzapine 10 mg disintegrating tablet
- olanzapine 10 mg tablet
- olanzapine 15 mg disintegrating tablet
- olanzapine 15 mg tablet
- olanzapine 2.5 mg tablet
- olanzapine 20 mg disintegrating tablet
- olanzapine 20 mg tablet
- olanzapine 5 mg disintegrating tablet
- olanzapine 5 mg tablet
- olanzapine 7.5 mg tablet
- paliperidone er 1.5 mg tablet,extended release 24 hr
- paliperidone er 3 mg tablet,extended release 24 hr
- paliperidone er 6 mg tablet,extended release 24 hr
- paliperidone er 9 mg tablet,extended release 24 hr
- quetiapine 100 mg tablet
- quetiapine 200 mg tablet
- quetiapine 25 mg tablet
- quetiapine 300 mg tablet
- quetiapine 400 mg tablet
- quetiapine 50 mg tablet
- quetiapine er 150 mg tablet,extended release 24 hr
- quetiapine er 200 mg tablet,extended release 24 hr
- quetiapine er 300 mg tablet,extended release 24 hr
- quetiapine er 400 mg tablet,extended release 24 hr
- quetiapine er 50 mg tablet,extended release 24 hr
- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET
- RISPERDAL 0.5 MG TABLET

- RISPERDAL 1 MG TABLET
- RISPERDAL 1 MG/ML ORAL SOLUTION
- RISPERDAL 2 MG TABLET
- RISPERDAL 3 MG TABLET
- RISPERDAL 4 MG TABLET
- *risperidone 0.25 mg disintegrating tablet*
- *risperidone 0.25 mg tablet*
- *risperidone 0.5 mg disintegrating tablet*
- *risperidone 0.5 mg tablet*
- *risperidone 1 mg disintegrating tablet*
- *risperidone 1 mg tablet*
- *risperidone 1 mg/ml oral solution*
- *risperidone 2 mg disintegrating tablet*
- *risperidone 2 mg tablet*
- *risperidone 3 mg disintegrating tablet*
- *risperidone 3 mg tablet*
- *risperidone 4 mg disintegrating tablet*
- *risperidone 4 mg tablet*
- SAPHRIS 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 5 MG SUBLINGUAL TABLET
- SEROQUEL 100 MG TABLET
- SEROQUEL 200 MG TABLET
- SEROQUEL 25 MG TABLET
- SEROQUEL 300 MG TABLET
- SEROQUEL 400 MG TABLET
- SEROQUEL 50 MG TABLET
- SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE
- *ziprasidone 20 mg capsule*
- *ziprasidone 40 mg capsule*
- *ziprasidone 60 mg capsule*
- *ziprasidone 80 mg capsule*
- ZYPREXA 10 MG TABLET
- ZYPREXA 15 MG TABLET
- ZYPREXA 2.5 MG TABLET
- ZYPREXA 20 MG TABLET
- ZYPREXA 5 MG TABLET
- ZYPREXA 7.5 MG TABLET
- ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET

Step 2:

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- LYBALVI 10 MG-10 MG TABLET
- LYBALVI 15 MG-10 MG TABLET
- LYBALVI 20 MG-10 MG TABLET
- LYBALVI 5 MG-10 MG TABLET



Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve if the patient is currently taking the requested drug. Approve if the patient has taken the requested drug at any time in the past.
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BASAL INSULIN- PST

Products Affected

Step 1:

- LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN

Step 2:

- BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- BASAGLAR TEMPO PEN (U-100) INSULIN 100 UNIT/ML (3 ML) SUBCUT PEN,SENSR
- INSULIN DEGLUDEC (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN
- LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- SEMGLEE (INSULIN GLARGINE-YFGN) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- SEMGLEE (INSULIN GLARGINE-YFGN) PEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

Details

Criteria	<p>If the patient has tried two step 1 products, approve the requested step 2 product. Approve Levemir or Levemir Flextouch without a trial of a Step 1 drug if the patient is pregnant. Approve Levemir or Levemir Flextouch in patients who are greater than or equal to 2 but less than 6 years old without a trial of a Step 1 drug. Approve Tresiba (insulin degludec) if the patient is greater than or equal to 1 but less than 6 years old without a trial of a Step 1 product. If the patient is requesting a non-glargine product (Levemir [insulin detemir] or Tresiba [insulin degludec]), approve if the patient has tried any one glargine product in the past (step 1 or step 2 glargine product). If the patient is requesting Levemir and has Type 1 diabetes and is currently taking Levemir, approve without a trial of any other drugs. If the patient is requesting Tresiba (INSULIN DEGLUDEC) and has Type 1 diabetes and is currently taking Tresiba (INSULIN DEGLUDEC), approve without a trial of any other drugs.</p>
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BOWEL EVACUANT COMBINATIONS

Products Affected

Step 1:

- *gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution*
- *gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution*
- *gavilyte-n 420 gram oral solution*
- *peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution*
- *peg3350 100 gram-sod sulf 7.5 gram-nacl-kcl-ascorbate-c oral pwdr pack*
- *peg-electrolyte solution 420 gram oral solution*
- *sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln*
- *sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln 2 pack (480ml)*

Step 2:

- **CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION**
- **CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 ML ORAL SOLUTION**
- **GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION**
- **MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET**
- **PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACKS**
- **SUFLAVE 178.7 GRAM-7.3 GRAM-0.5 GRAM ORAL SOLUTION**
- **SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION**
- **SUTAB 1.479-0.188-0.225 GRAM TABLET**

Details

Criteria	
	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.

BRAND NSAIDS

Products Affected

Step 1:

- *celecoxib 100 mg capsule*
- *celecoxib 200 mg capsule*
- *celecoxib 400 mg capsule*
- *celecoxib 50 mg capsule*
- *diclofenac 50 mg-misoprostol 200 mcg tablet,immed.and delayed release*
- *diclofenac 75 mg-misoprostol 200 mcg tablet,immediate,delayed release*
- *diclofenac er 100 mg tablet,extended release 24 hr*
- *diclofenac potassium 25 mg capsule*
- *diclofenac potassium 25 mg tablet*
- *diclofenac potassium 50 mg oral powder packet*
- *diclofenac potassium 50 mg tablet*
- *diclofenac sodium 25 mg tablet,delayed release*
- *diclofenac sodium 50 mg tablet,delayed release*
- *diclofenac sodium 75 mg tablet,delayed release*
- *etodolac 200 mg capsule*
- *etodolac 300 mg capsule*
- *etodolac 400 mg tablet*
- *etodolac 500 mg tablet*
- *etodolac er 400 mg tablet,extended release 24 hr*
- *etodolac er 500 mg tablet,extended release 24 hr*
- *etodolac er 600 mg tablet,extended release 24 hr*
- *fenoprofen 600 mg tablet*
- *flurbiprofen 100 mg tablet*
- *ibu 600 mg tablet*
- *ibu 800 mg tablet*
- *ibuprofen 100 mg/5 ml oral suspension*
- *ibuprofen 400 mg tablet*
- *ibuprofen 600 mg tablet*
- *ibuprofen 800 mg tablet*
- *ibuprofen 800 mg-famotidine 26.6 mg tablet*
- *ketoprofen 25 mg capsule*
- *ketoprofen 50 mg capsule*
- *ketoprofen er 200 mg 24 hr capsule,extended release*
- *lofena 25 mg tablet*
- *meclofenamate 100 mg capsule*
- *meclofenamate 50 mg capsule*
- *mefenamic acid 250 mg capsule*
- *meloxicam 15 mg tablet*
- *meloxicam 7.5 mg tablet*
- *meloxicam submicronized 10 mg capsule*
- *meloxicam submicronized 5 mg capsule*
- *nabumetone 500 mg tablet*
- *nabumetone 750 mg tablet*
- *naproxen 125 mg/5 ml oral suspension*
- *naproxen 250 mg tablet*
- *naproxen 375 mg tablet*
- *naproxen 375 mg tablet,delayed release*
- *naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release*
- *naproxen 500 mg tablet*
- *naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release*
- *naproxen sodium 275 mg tablet*
- *naproxen sodium 550 mg tablet*
- *naproxen sodium er (cr) 375 mg tablet,extended release 24 hr mphase*
- *naproxen sodium er (cr) 500 mg tablet,extended release 24 hr mphase*
- *naproxen sodium er (cr) 750 mg tablet,extended release 24 hr mphase*
- *oxaprozin 600 mg tablet*
- *piroxicam 10 mg capsule*
- *piroxicam 20 mg capsule*
- *sulindac 150 mg tablet*
- *sulindac 200 mg tablet*
- *tolmetin 400 mg capsule*

Step 2:



- ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED
- ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED
- CAMBIA 50 MG ORAL POWDER PACKET
- DAYPRO 600 MG TABLET
- KETOROLAC 15.75 MG/SPRAY NASAL SPRAY
- LODINE 400 MG TABLET
- NALFON 600 MG TABLET
- NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE
- NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE
- NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE
- NAPROSYN 125 MG/5 ML ORAL SUSPENSION
- RELAFEN DS 1,000 MG TABLET
- SPRIX 15.75 MG/SPRAY NASAL SPRAY
- TOLECTIN 600 600 MG TABLET
- VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE
- VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE
- VIVLODEX 10 MG CAPSULE
- VIVLODEX 5 MG CAPSULE
- ZIPSOR 25 MG CAPSULE

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve Sprix (ketorolac nasal spray) for patients with difficulty swallowing or who cannot swallow without a trial of a step 1 drug. Approve Cambia without a trial of a step 1 drug if the indication is migraine attacks.
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CNS STIMULANTS - LONG ACTING

Products Affected

Step 1:

- *dexmethylphenidate er 10 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 15 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 20 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 25 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 30 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 35 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 40 mg capsule, extended release biphasic 50-50*
- *dexmethylphenidate er 5 mg capsule, extended release biphasic 50-50*
- *dextroamphetamine sulfate er 10 mg capsule, extended release*
- *dextroamphetamine sulfate er 15 mg capsule, extended release*
- *dextroamphetamine sulfate er 5 mg capsule, extended release*
- *dextroamphetamine-amphetamine er 10 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr*
- *dextroamphetamine-amphetamine er 15 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 20 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 25 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 25 mg capsule, 3 bead, ext release 24hr*
- *dextroamphetamine-amphetamine er 30 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr*
- *dextroamphetamine-amphetamine er 5 mg 24hr capsule, extend release*
- *dextroamphetamine-amphetamine er 50 mg capsule, 3 bead, ext release 24hr*
- *lisdexamfetamine 10 mg capsule*
- *lisdexamfetamine 10 mg chewable tablet*
- *lisdexamfetamine 20 mg capsule*
- *lisdexamfetamine 20 mg chewable tablet*
- *lisdexamfetamine 30 mg capsule*
- *lisdexamfetamine 30 mg chewable tablet*
- *lisdexamfetamine 40 mg capsule*
- *lisdexamfetamine 40 mg chewable tablet*
- *lisdexamfetamine 50 mg capsule*
- *lisdexamfetamine 50 mg chewable tablet*
- *lisdexamfetamine 60 mg capsule*
- *lisdexamfetamine 60 mg chewable tablet*
- *lisdexamfetamine 70 mg capsule*
- *methylphenidate 10 mg/9 hr daily transdermal patch*
- *methylphenidate 15 mg/9 hr daily transdermal patch*
- *methylphenidate 20 mg/9 hr daily transdermal patch*
- *methylphenidate 30 mg/9 hr daily transdermal patch*
- *methylphenidate cd 10 mg biphasic 30-70 capsule, extended release*
- *methylphenidate cd 20 mg biphasic 30-70 capsule, extended release*
- *methylphenidate cd 30 mg biphasic 30-70 capsule, extended release*
- *methylphenidate cd 40 mg biphasic 30-70 capsule, extended release*
- *methylphenidate cd 50 mg biphasic 30-70 capsule, extended release*
- *methylphenidate cd 60 mg biphasic 30-70 capsule, extended release*
- *methylphenidate er 10 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate er 10 mg tablet, extended release*
- *methylphenidate er 15 mg capsule, extended release (40-60) sprinkle*

- *methylphenidate er 18 mg tablet, extended release 24 hr*
- *methylphenidate er 18 mg tablet, extended release 24 hr (bx rating)*
- *methylphenidate er 20 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate er 20 mg tablet, extended release*
- *methylphenidate er 27 mg tablet, extended release 24 hr*
- *methylphenidate er 27 mg tablet, extended release 24 hr (bx rating)*
- *methylphenidate er 30 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate er 36 mg tablet, extended release 24 hr*
- *methylphenidate er 36 mg tablet, extended release 24 hr (bx rating)*
- *methylphenidate er 40 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate er 50 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate er 54 mg tablet, extended release 24 hr*
- *methylphenidate er 54 mg tablet, extended release 24 hr (bx rating)*
- *methylphenidate er 60 mg capsule, extended release (40-60) sprinkle*
- *methylphenidate la 10 mg biphasic 50-50 capsule, extended release*
- *methylphenidate la 20 mg biphasic 50-50 capsule, extended release*
- *methylphenidate la 30 mg biphasic 50-50 capsule, extended release*
- *methylphenidate la 40 mg biphasic 50-50 capsule, extended release*
- *methylphenidate la 60 mg biphasic 50-50 capsule, extended release*

Step 2:

- ADDERALL XR 10 MG
CAPSULE, EXTENDED RELEASE
- ADDERALL XR 15 MG
CAPSULE, EXTENDED RELEASE
- ADDERALL XR 20 MG
CAPSULE, EXTENDED RELEASE
- ADDERALL XR 25 MG
CAPSULE, EXTENDED RELEASE
- ADDERALL XR 30 MG
CAPSULE, EXTENDED RELEASE
- ADDERALL XR 5 MG
CAPSULE, EXTENDED RELEASE
- ADZENYS XR-ODT 12.5 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- ADZENYS XR-ODT 15.7 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- ADZENYS XR-ODT 18.8 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- ADZENYS XR-ODT 3.1 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- ADZENYS XR-ODT 6.3 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- ADZENYS XR-ODT 9.4 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- APTENSIO XR 10 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 15 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 20 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 30 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 40 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 50 MG
CAPSULE, EXTENDED RELEASE
SPRINKLE

- APTENSIO XR 60 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- AZSTARYS 26.1 MG-5.2 MG CAPSULE
- AZSTARYS 39.2 MG-7.8 MG CAPSULE
- AZSTARYS 52.3 MG-10.4 MG
CAPSULE
- CONCERTA 18 MG
TABLET,EXTENDED RELEASE
- CONCERTA 27 MG
TABLET,EXTENDED RELEASE
- CONCERTA 36 MG
TABLET,EXTENDED RELEASE
- CONCERTA 54 MG
TABLET,EXTENDED RELEASE
- COTEMPLA XR-ODT 17.3 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 25.9 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 8.6 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- DAYTRANA 10 MG/9 HR DAILY
PATCH
- DAYTRANA 15 MG/9 HR DAILY
PATCH
- DAYTRANA 20 MG/9 HR DAILY
PATCH
- DAYTRANA 30 MG/9 HR DAILY
PATCH
- DEXEDRINE SPANSULE 10 MG
CAPSULE,EXTENDED RELEASE
- DYANAVEL XR 10 MG TABLET,
EXTENDED RELEASE
- DYANAVEL XR 15 MG TABLET,
EXTENDED RELEASE
- DYANAVEL XR 2.5 MG/ML ORAL 24
HR EXTENDED RELEASE
SUSPENSION
- DYANAVEL XR 20 MG TABLET,
EXTENDED RELEASE
- DYANAVEL XR 5 MG TABLET,
EXTENDED RELEASE
- FOCALIN XR 10 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 15 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 20 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 25 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 30 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 35 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 40 MG
CAPSULE,EXTENDED RELEASE
- FOCALIN XR 5 MG
CAPSULE,EXTENDED RELEASE
- JORNAY PM 100 MG
CAPSULE,DELAYED
RELEASE,EXTENDED RELEASE
SPRINKLE
- JORNAY PM 20 MG
CAPSULE,DELAYED
RELEASE,EXTENDED RELEASE
SPRINKLE
- JORNAY PM 40 MG
CAPSULE,DELAYED
RELEASE,EXTENDED RELEASE
SPRINKLE
- JORNAY PM 60 MG
CAPSULE,DELAYED
RELEASE,EXTENDED RELEASE
SPRINKLE
- JORNAY PM 80 MG
CAPSULE,DELAYED
RELEASE,EXTENDED RELEASE
SPRINKLE
- METADATE CD 10 MG
CAPSULE,EXTENDED RELEASE
- METADATE CD 20 MG
CAPSULE,EXTENDED RELEASE
- METADATE CD 30 MG
CAPSULE,EXTENDED RELEASE
- METADATE CD 40 MG
CAPSULE,EXTENDED RELEASE
- METADATE CD 50 MG
CAPSULE,EXTENDED RELEASE



- METADATE CD 60 MG
CAPSULE,EXTENDED RELEASE
- METHYLPHENIDATE ER 45 MG
TABLET,EXTENDED RELEASE 24 HR
- METHYLPHENIDATE ER 63 MG
TABLET,EXTENDED RELEASE 24 HR
- METHYLPHENIDATE ER 72 MG
TABLET,EXTENDED RELEASE 24 HR
- MYDAYIS 12.5 MG CAPSULE
EXTENDED RELEASE 24 HR
- MYDAYIS 25 MG CAPSULE
EXTENDED RELEASE 24 HR
- MYDAYIS 37.5 MG CAPSULE
EXTENDED RELEASE 24 HR
- MYDAYIS 50 MG CAPSULE
EXTENDED RELEASE 24 HR
- QUILLICHEW ER 20 MG CHEWABLE
TABLET, EXTENDED RELEASE
- QUILLICHEW ER 30 MG CHEWABLE
TABLET, EXTENDED RELEASE
- QUILLICHEW ER 40 MG CHEWABLE,
EXTENDED RELEASE TABLET
- QUILLIVANT XR 5 MG/ML (25 MG/5
ML) ORAL SUSPENSION,EXTEND
RELEASE 24HR
- RELEXXII 18 MG
TABLET,EXTENDED RELEASE
- RELEXXII 27 MG
TABLET,EXTENDED RELEASE
- RELEXXII 36 MG
TABLET,EXTENDED RELEASE
- RELEXXII 45 MG
TABLET,EXTENDED RELEASE
- RELEXXII 54 MG
TABLET,EXTENDED RELEASE
- RELEXXII 63 MG
TABLET,EXTENDED RELEASE
- RELEXXII 72 MG
TABLET,EXTENDED RELEASE
- RITALIN LA 10 MG
CAPSULE,EXTENDED RELEASE
- RITALIN LA 20 MG
CAPSULE,EXTENDED RELEASE
- RITALIN LA 30 MG
CAPSULE,EXTENDED RELEASE
- RITALIN LA 40 MG
CAPSULE,EXTENDED RELEASE
- VYVANSE 10 MG CAPSULE
- VYVANSE 10 MG CHEWABLE
TABLET
- VYVANSE 20 MG CAPSULE
- VYVANSE 20 MG CHEWABLE
TABLET
- VYVANSE 30 MG CAPSULE
- VYVANSE 30 MG CHEWABLE
TABLET
- VYVANSE 40 MG CAPSULE
- VYVANSE 40 MG CHEWABLE
TABLET
- VYVANSE 50 MG CAPSULE
- VYVANSE 50 MG CHEWABLE
TABLET
- VYVANSE 60 MG CAPSULE
- VYVANSE 60 MG CHEWABLE
TABLET
- VYVANSE 70 MG CAPSULE
- XELSTRYM 13.5 MG/9 HOUR
TRANSDERMAL 24 HOUR PATCH
- XELSTRYM 18 MG/9 HOUR
TRANSDERMAL 24 HOUR PATCH
- XELSTRYM 4.5 MG/9 HOUR
TRANSDERMAL 24 HOUR PATCH
- XELSTRYM 9 MG/9 HOUR
TRANSDERMAL 24 HOUR PATCH

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.
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COLCHICINE

Products Affected

Step 1:

- *colchicine 0.6 mg capsule*
- *colchicine 0.6 mg tablet*

Step 2:

- COLCRYS 0.6 MG TABLET
- MITIGARE 0.6 MG CAPSULE
- GLOPERBA 0.6 MG/5 ML ORAL SOLUTION

Details

Criteria
If the patient has tried one Step 1 product, approve the requested Step 2 drug. Authorization may be given for Gloperba for patients with difficulty swallowing or who cannot swallow solid dosage forms without a trial of a step 1 drug.

CONSTIPATION AGENTS - OTHER - PST

Products Affected

Step 1:

- SYMPROIC 0.2 MG TABLET

Step 2:

- MOVANTIK 12.5 MG TABLET
- MOVANTIK 25 MG TABLET
- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION
- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE
- RELISTOR 150 MG TABLET
- RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Relistor injection if being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care without a trial of a Step 1 drug.

CONSTIPATION AGENTS - PST

Products Affected

Step 1:

- LINZESS 145 MCG CAPSULE
- LINZESS 290 MCG CAPSULE
- LINZESS 72 MCG CAPSULE
- TRULANCE 3 MG TABLET

Step 2:

- AMITIZA 24 MCG CAPSULE
- AMITIZA 8 MCG CAPSULE
- MOTEGRITY 1 MG TABLET
- MOTEGRITY 2 MG TABLET

Details

Criteria	
	<p>If the patient has tried BOTH Step 1 drugs, approve the requested Step 2 drug. Approve Motegrity if the patient has tried one of the Step 1 drugs (a trial of both step 1 drugs is not required for patients requesting Motegrity). Approve Amitiza for patients 18 years and older for the treatment of opioid-induced constipation from chronic non-cancer pain, without a trial of a Step 1 drug.</p>

DEXTROMETHORPHAN/BUPROPION

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *desvenlafaxine succinate er 100 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 25 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 50 mg tablet, extended release 24 hr*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 40 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine (pmd) 10 mg tablet*
- *fluoxetine (pmd) 20 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 10 mg tablet*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg tablet*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluoxetine 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *nefazodone 100 mg tablet*
- *nefazodone 150 mg tablet*
- *nefazodone 200 mg tablet*
- *nefazodone 250 mg tablet*
- *nefazodone 50 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 10 mg/5 ml oral suspension*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 150 mg tablet, extended release 24 hr*
- *venlafaxine er 225 mg tablet, extended release 24 hr*



- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg tablet, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg tablet, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

Criteria	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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DPP-4 INHIBITORS-PST

Products Affected

Step 1:

- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- *saxagliptin 2.5 mg tablet*
- *saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp*
- *saxagliptin 5 mg tablet*
- *saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp*
- *saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp*
- TRADJENTA 5 MG TABLET

Step 2:

- ALOGLIPTIN 12.5 MG TABLET
- ALOGLIPTIN 12.5 MG-METFORMIN 1,000 MG TABLET
- ALOGLIPTIN 12.5 MG-METFORMIN 500 MG TABLET
- ALOGLIPTIN 25 MG TABLET
- ALOGLIPTIN 6.25 MG TABLET
- KAZANO 12.5 MG-1,000 MG TABLET
- KAZANO 12.5 MG-500 MG TABLET
- NESINA 12.5 MG TABLET
- NESINA 25 MG TABLET
- NESINA 6.25 MG TABLET
- ONGLYZA 5 MG TABLET
- SITAGLIPTIN 100 MG TABLET
- SITAGLIPTIN 25 MG TABLET
- SITAGLIPTIN 50 MG TABLET
- SITAGLIPTIN 50 MG-METFORMIN 1,000 MG TABLET
- SITAGLIPTIN 50 MG-METFORMIN 500 MG TABLET
- ZITUVIO 100 MG TABLET
- ZITUVIO 25 MG TABLET
- ZITUVIO 50 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug.
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DPP4/SGLT2 INHIBITOR COMBINATION PRODUCTS - PST

Products Affected

Step 1:

- GLYXAMBI 10 MG-5 MG TABLET
- GLYXAMBI 25 MG-5 MG TABLET
- TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE

Step 2:

- QTERN 10 MG-5 MG TABLET
- QTERN 5 MG-5 MG TABLET
- STEGLUJAN 15 MG-100 MG TABLET
- STEGLUJAN 5 MG-100 MG TABLET

Details

Criteria	If the patient has tried ONE Step 1 drug, approve the requested Step 2 drug.
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ESTROGEN AND ESTROGEN MODIFIERS FOR VAGINAL SYMPTOMS - PST

Products Affected

Step 1:

- IMVEXXY MAINTENANCE PACK 10 MCG VAGINAL INSERT
- IMVEXXY MAINTENANCE PACK 4 MCG VAGINAL INSERT
- IMVEXXY STARTER PACK 10 MCG VAGINAL INSERT, DOSE PACK
- IMVEXXY STARTER PACK 4 MCG VAGINAL INSERT, DOSE PACK
- PREMARIN 0.625 MG/GRAM VAGINAL CREAM

Step 2:

- ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM
- ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING
- FEMRING 0.05 MG/24 HR VAGINAL
- FEMRING 0.1 MG/24 HR VAGINAL
- VAGIFEM 10 MCG VAGINAL TABLET

Details

Criteria	
	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug. If the patient is requesting Estring or Vagifem and must have a low dose vaginal product, approve the requested drug without a trial of two step 1 drugs if the patient meets one of the following criteria (A, B, or C): A) patient has tried the step 1 drug Imvexxy in the past, or B) patient has tried the step 2 drug Vagifem in the past, or C) patient has tried generic estradiol vaginal insert or Yuvaferm in the past (these are drugs on formulary but intentionally not included as step 1 drugs in this step therapy program because the intent is for the patient to try two of the step 1 drugs listed, when appropriate).



GLP-1 AGONIST/BASAL INSULIN COMBINATION - PST

Products Affected

Step 1:

- SOLIQUA 100/33 100 UNIT-33
MCG/ML SUBCUTANEOUS INSULIN
PEN

Step 2:

- XULTOPHY 100/3.6 100 UNIT-3.6
MG/ML (3 ML) SUBCUTANEOUS
INSULIN PEN

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.



GLUCAGON PRODUCTS - PST

Products Affected

Step 1:

- BAQSIMI 3 MG/ACTUATION NASAL SPRAY
- *glucagon emergency kit 1 mg solution for injection*
- GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION
- GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR
- GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR
- GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE

Step 2:

- GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION
- ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR
- ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS SYRINGE

Details

Criteria	Pending CMS Review
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HMG CO-A REDUCTASE INHIBITORS

Products Affected

Step 1:

- *amlodipine 10 mg-atorvastatin 10 mg tablet*
- *amlodipine 10 mg-atorvastatin 20 mg tablet*
- *amlodipine 10 mg-atorvastatin 40 mg tablet*
- *amlodipine 10 mg-atorvastatin 80 mg tablet*
- *amlodipine 2.5 mg-atorvastatin 10 mg tablet*
- *amlodipine 2.5 mg-atorvastatin 20 mg tablet*
- *amlodipine 2.5 mg-atorvastatin 40 mg tablet*
- *amlodipine 5 mg-atorvastatin 10 mg tablet*
- *amlodipine 5 mg-atorvastatin 20 mg tablet*
- *amlodipine 5 mg-atorvastatin 40 mg tablet*
- *amlodipine 5 mg-atorvastatin 80 mg tablet*
- *atorvastatin 10 mg tablet*
- *atorvastatin 20 mg tablet*
- *atorvastatin 40 mg tablet*
- *atorvastatin 80 mg tablet*
- *ezetimibe 10 mg-simvastatin 10 mg tablet*
- *ezetimibe 10 mg-simvastatin 20 mg tablet*
- *ezetimibe 10 mg-simvastatin 40 mg tablet*
- *ezetimibe 10 mg-simvastatin 80 mg tablet*
- *fluvastatin 20 mg capsule*
- *fluvastatin 40 mg capsule*
- *fluvastatin er 80 mg tablet,extended release 24 hr*
- *lovastatin 10 mg tablet*
- *lovastatin 20 mg tablet*
- *lovastatin 40 mg tablet*
- *pitavastatin calcium 1 mg tablet*
- *pitavastatin calcium 2 mg tablet*
- *pitavastatin calcium 4 mg tablet*
- *pravastatin 10 mg tablet*
- *pravastatin 20 mg tablet*
- *pravastatin 40 mg tablet*
- *pravastatin 80 mg tablet*
- *rosuvastatin 10 mg tablet*
- *rosuvastatin 20 mg tablet*
- *rosuvastatin 40 mg tablet*
- *rosuvastatin 5 mg tablet*
- *simvastatin 10 mg tablet*
- *simvastatin 20 mg tablet*
- *simvastatin 40 mg tablet*
- *simvastatin 5 mg tablet*
- *simvastatin 80 mg tablet*

Step 2:

- ALTOPREV 20 MG TABLET,EXTENDED RELEASE
- ALTOPREV 40 MG TABLET,EXTENDED RELEASE
- ALTOPREV 60 MG TABLET,EXTENDED RELEASE
- ATORVALIQ 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- CADUET 10 MG-10 MG TABLET
- CADUET 10 MG-20 MG TABLET
- CADUET 10 MG-40 MG TABLET
- CADUET 10 MG-80 MG TABLET
- CADUET 5 MG-10 MG TABLET
- CADUET 5 MG-20 MG TABLET
- CADUET 5 MG-40 MG TABLET
- CADUET 5 MG-80 MG TABLET
- CREATOR 10 MG TABLET
- CREATOR 20 MG TABLET
- CREATOR 40 MG TABLET
- CREATOR 5 MG TABLET
- EZALLOR SPRINKLE 10 MG CAPSULE
- EZALLOR SPRINKLE 20 MG CAPSULE
- EZALLOR SPRINKLE 40 MG CAPSULE
- EZALLOR SPRINKLE 5 MG CAPSULE
- FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION



- FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION
- LESCOL XL 80 MG TABLET, EXTENDED RELEASE
- LIPITOR 10 MG TABLET
- LIPITOR 20 MG TABLET
- LIPITOR 40 MG TABLET
- LIPITOR 80 MG TABLET
- LIVALO 1 MG TABLET
- LIVALO 2 MG TABLET
- LIVALO 4 MG TABLET
- VYTORIN 10 MG-10 MG TABLET
- VYTORIN 10 MG-20 MG TABLET
- VYTORIN 10 MG-40 MG TABLET
- VYTORIN 10 MG-80 MG TABLET
- ZOCOR 10 MG TABLET
- ZOCOR 20 MG TABLET
- ZOCOR 40 MG TABLET
- ZYPITAMAG 2 MG TABLET
- ZYPITAMAG 4 MG TABLET

Details

Criteria	If the patient has tried two step 1 drugs, approve the requested step 2 drug. If the patient has tried a brand name version of two of the step 1 generic drugs in the past, approve the requested step 2 drug without a trial of a step 1 drug. If the patient is requesting Flolipid, Atorvaliq or Ezallor and cannot or has difficulty swallowing tablets or capsules, approve the requested drug without a trial of a step 1 drug.
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INHALED LA MUSCARINIC AGENTS- PST

Products Affected

Step 1:

- SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION
- *tiotropium bromide 18 mcg capsule with inhalation device*

Step 2:

- INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES
- TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED
- TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED (30 ACTUAT)

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.

INHALED LAMA/LABA COMBO PRODUCTS - PST

Products Affected

Step 1:

- BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER
- STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION

Step 2:

- ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION
- DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve Anoro Ellipta or Duaklir Pressair if the patient is unable to coordinate breath and actuation with a metered-dose inhaler (MDI) without a trial of a Step 1 drug.
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INSULIN-PST

Products Affected

Step 1:

- HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION
- HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN

Step 2:

- NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS
- NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP
- NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. If the patient is visually impaired, disabled (unable to draw up dose because of arthritis or otherwise physically disabled), or has coordination issues, approve Novolin R FlexPens without a trial of a step 1 drug.
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LACOSAMIDE

Products Affected

Step 1:

- *lacosamide 100 mg tablet*
- *lacosamide 150 mg tablet*
- *lacosamide 200 mg tablet*
- *lacosamide 50 mg tablet*

Step 2:

- MOTPOLY XR 100 MG
CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 150 MG
CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 200 MG
CAPSULE,EXTENDED RELEASE

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.



LONG ACTING BETA-AGONIST INHALERS - PST

Products Affected

Step 1:

- STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION

Step 2:

- SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Serevent if the patient is being treated for asthma or exercise induced bronchospasm (EIB) without a trial of a Step 1 drug. Approve Serevent if the patient is unable to coordinate breath and actuation with a metered-dose inhaler (MDI) without a trial of a Step 1 drug.

LOOP DIURETICS

Products Affected

Step 1:

- *bumetanide 0.5 mg tablet*
- *bumetanide 1 mg tablet*
- *bumetanide 2 mg tablet*
- *ethacrynic acid 25 mg tablet*
- *furosemide 10 mg/ml oral solution*
- *furosemide 20 mg tablet*
- *furosemide 40 mg tablet*
- *furosemide 40 mg/5 ml (8 mg/ml) oral solution*
- *furosemide 80 mg tablet*
- *torsemide 10 mg tablet*
- *torsemide 100 mg tablet*
- *torsemide 20 mg tablet*
- *torsemide 5 mg tablet*

Step 2:

- FUROSCIX 80 MG/10 ML
SUBCUTANEOUS WEARABLE
INJECTOR KIT
- SOAANZ 20 MG TABLET
- SOAANZ 40 MG TABLET
- SOAANZ 60 MG TABLET

Details

Criteria	
	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.

METFORMIN ER

Products Affected

Step 1:

- *metformin er 500 mg tablet, extended release 24 hr*
- *metformin er 750 mg tablet, extended release 24 hr*

Step 2:

- *GLUMETZA 1,000 MG TABLET, EXTENDED RELEASE*
- *GLUMETZA 500 MG TABLET, EXTENDED RELEASE*
- *metformin er 1,000 mg 24 hr tablet, extended release (gastric reten.)*
- *metformin er 1,000 mg tablet, extended release 24hr (osmotic)*
- *metformin er 500 mg 24 hr tablet, extended release (gastric retention)*
- *metformin er 500 mg tablet, extended release 24hr (osmotic)*

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.
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NASAL STEROIDS

Products Affected

Step 1:

- *flunisolide 25 mcg (0.025 %) nasal spray*
- *fluticasone propionate 50 mcg/actuation nasal spray, suspension*
- *mometasone 50 mcg/actuation nasal spray*

Step 2:

- OMNARIS 50 MCG NASAL SPRAY
- QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY
- QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY
- RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY
- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL
- ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER

Details

Criteria	Pending CMS Review
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OMEGA-3 FATTY ACIDS

Products Affected

Step 1:

- *icosapent ethyl 0.5 gram capsule*
- *icosapent ethyl 1 gram capsule*
- *omega-3 acid ethyl esters 1 gram capsule*

Step 2:

- LOVAZA 1 GRAM CAPSULE
- VASCEPA 0.5 GRAM CAPSULE
- VASCEPA 1 GRAM CAPSULE

Details

Criteria	If the request is for Lovaza, approve if the patient has tried both Omega-3-Acid Ethyl Ester and Icosapent Ethyl. If the request is for Vascepa, approve if the patient has tried Icosapent Ethyl or Omega-3-Acid Ethyl Ester.
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OPHTHALMIC PROSTAGLANDINS-PST

Products Affected

Step 1:

- *latanoprost 0.005 % eye drops*
- LUMIGAN 0.01 % EYE DROPS
- *tafluprost (pf) 0.0015 % eye drops in a dropperette*

Step 2:

- IYUZEH (PF) 0.005 % EYE DROPS IN A DROPPERETTE
- TRAVATAN Z 0.004 % EYE DROPS
- VYZULTA 0.024 % EYE DROPS
- XALATAN 0.005 % EYE DROPS
- XELPROS 0.005 % EYE DROP EMULSION
- ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.

OPIOID-NSAID COX-II COMBINATION

Products Affected

Step 1:

- *celecoxib 100 mg capsule*
- *celecoxib 200 mg capsule*
- *celecoxib 400 mg capsule*
- *celecoxib 50 mg capsule*
- *tramadol 50 mg tablet*

Step 2:

- SEGLENTIS 44 MG-56 MG TABLET

Details

Criteria	
	If the patient has tried tramadol tablets and celecoxib capsules as separate agents, approve Seglentis.

ORAL BISPHOSPHONATES

Products Affected

Step 1:

- *alendronate 10 mg tablet*
- *alendronate 35 mg tablet*
- *alendronate 70 mg tablet*
- *alendronate 70 mg/75 ml oral solution*
- *ibandronate 150 mg tablet*
- *risedronate 150 mg tablet*
- *risedronate 30 mg tablet*
- *risedronate 35 mg tablet*
- *risedronate 35 mg tablet (12 pack)*
- *risedronate 35 mg tablet (4 pack)*
- *risedronate 35 mg tablet, delayed release*
- *risedronate 5 mg tablet*

Step 2:

- ACTONEL 150 MG TABLET
- ACTONEL 35 MG TABLET
- ATELVIA 35 MG TABLET, DELAYED RELEASE
- BINOSTO 70 MG EFFERVESCENT TABLET
- FOSAMAX 70 MG TABLET
- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve Binosto if the patient has a gastrostomy tube (G-tube) OR has difficulty swallowing tablets without a trial of a step 1 drug.
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PANCREATIC ENZYMES- PST

Products Affected

Step 1:

- CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE

Step 2:

- PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE

Details

Criteria	If a patient has tried BOTH of the Step 1 drugs, approve the requested Step 2 drug.
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POTASSIUM-COMPETITIVE ACID BLOCKERS

Products Affected

Step 1:

- *dexlansoprazole 30 mg capsule, biphasic delayed release*
- *dexlansoprazole 60 mg capsule, biphasic delayed release*
- *esomeprazole magnesium 20 mg capsule, delayed release*
- *esomeprazole magnesium 40 mg capsule, delayed release*
- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*
- *lansoprazole 15 mg capsule, delayed release*
- *lansoprazole 15 mg delayed release, disintegrating tablet*
- *lansoprazole 30 mg capsule, delayed release*
- *lansoprazole 30 mg delayed release, disintegrating tablet*
- *omeprazole 10 mg capsule, delayed release*
- *omeprazole 20 mg capsule, delayed release*
- *omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet*
- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg capsule, delayed release*
- *omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*
- *pantoprazole 20 mg tablet, delayed release*
- *pantoprazole 40 mg tablet, delayed release*
- *pantoprazole dr 40 mg granules delayed-release for susp in packet*
- *rabeprazole 20 mg tablet, delayed release*

Step 2:

- VOQUEZNA 10 MG TABLET
- VOQUEZNA 20 MG TABLET

Details

Criteria	
	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.

PULMONARY ANTI-INFLAMMATORY - PST

Products Affected

Step 1:

- ALVESCO 160 MCG/ACTUATION AEROSOL INHALER
- ALVESCO 80 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Step 2:

- ARMONAIR DIGIHALER 113 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR
- ARMONAIR DIGIHALER 232 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR
- ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 100 MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 250 MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 50 MCG/ACTUATION BLISTER POWDER FOR INHALATION

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient is 5 to 11 years of age and is unable to use BOTH a dry powder inhaler AND a breath-actuated metered-dose inhaler (i.e., Qvar Redihaler), approve fluticasone propionate HFA or Flovent HFA if the patient has tried Asmanex HFA. If the patient is 4 years of age or younger, approve fluticasone propionate HFA or Flovent HFA, without a trial of a Step 1 drug. If the patient is being treated for eosinophilic esophagitis, approve fluticasone propionate HFA or Flovent HFA without a trial of a Step 1 agent.
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PULMONARY ANTI-INFLAMMATORY/BETA AGONIST COMBINATIONS - PST

Products Affected

Step 1:

- ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER
- BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION
- *breyana 160 mcg-4.5 mcg/actuation hfa aerosol inhaler*
- *breyana 80 mcg-4.5 mcg/actuation hfa aerosol inhaler*
- *budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler*
- *budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler*
- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

Step 2:

- AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR
- AIRDUO DIGIHALER 232 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR
- AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED
- AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED
- AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED
- FLUTICASONE 113 MCG-SALMETEROL 14 MCG/ACTUATION BREATH ACTIVATED POWDR
- FLUTICASONE 232 MCG-SALMETEROL 14 MCG/ACTUATION BREATH ACTIVATED POWDR
- FLUTICASONE 55 MCG-SALMETEROL 14 MCG/ACTUATION BREATH ACTIVATED POWDER
- FLUTICASONE FUROATE 100 MCG-VILANTEROL 25 MCG/DOSE INHALATION POWDER
- FLUTICASONE FUROATE 200 MCG-VILANTEROL 25 MCG/DOSE INHALATION POWDER
- FLUTICASONE PROPIONATE 115 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- FLUTICASONE PROPIONATE 230 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER



- FLUTICASONE PROPIONATE 45 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER
- SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve AirDuo Digihaler, AirDuo Respiclick, fluticasone-vilanterol (authorized alternative to Breo Ellipta) or Fluticasone-salmeterol (authorized alternative to AirDuo Respiclick) if the patient is unable to coordinate breath and actuation with a metered-dose inhaler (MDI) and has tried Breo Ellipta (without a trial of a second step 1 drug). Approve AirDuo Digihaler, AirDuo Respiclick or Fluticasone-salmeterol (authorized alternative to AirDuo Respiclick) if the patient is unable to coordinate breath and actuation with a metered-dose inhaler and is less than 18 years of age without a trial of a Step 1 drug.
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RAPID-ACTING INSULIN-PST

Products Affected

Step 1:

- HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN
- HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS
- LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

Step 2:

- ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN
- ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION
- APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE
- FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR
- INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN
- INSULIN ASPAR PRT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS SOLN
- INSULIN ASPART (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS SOLUTION
- INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN
- INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN



- INSULIN LISPRO PROTAMINE-LISPRO 100 UNIT/ML (75-25) SUBCUTANEOUS PEN
- LYUMJEV TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR
- NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS
- NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION

Details

Criteria	<p>If the patient is requesting a Step 2 drug that is a lispro product, approve if the patient has tried two step 1 drugs. If the patient is requesting a Step 2 drug that is an aspart product, approve if the patient has tried one lispro product in the past (step 1 or a step 2 lispro product). If the patient is requesting a Step 2 drug that is a glulsine product, approve if the patient has tried one lispro product in the past (step 1 or a step 2 lispro product). If the patient is using an insulin pump that is not compatible with insulin lispro, approve the requested step 2 drug. If the patient is requesting insulin lispro protamine 75/25, approve if the patient has tried Humalog 75/25. If the patient is requesting Novolog 70/30 or insulin aspart protamine 70/30, approve if the patient has tried Humalog 75/25.</p>
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SGLT2 INHIBITORS - PST

Products Affected

Step 1:

- FARXIGA 10 MG TABLET
- FARXIGA 5 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- SEGLUROMET 2.5 MG-1,000 MG TABLET
- SEGLUROMET 2.5 MG-500 MG TABLET
- SEGLUROMET 7.5 MG-1,000 MG TABLET
- SEGLUROMET 7.5 MG-500 MG TABLET
- STEGLATRO 15 MG TABLET
- STEGLATRO 5 MG TABLET
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 10 MG-500 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 5 MG-500 MG TABLET, EXTENDED RELEASE

Step 2:

- DAPAGLIFLOZIN PROPANED 10 MG-METFORMIN ER 1,000 MG TABLET, EXT REL 24HR
- DAPAGLIFLOZIN PROPANED 5 MG-METFORMIN ER 1,000 MG TABLET, EXT REL 24HR
- DAPAGLIFLOZIN PROPANEDIOL 10 MG TABLET
- DAPAGLIFLOZIN PROPANEDIOL 5 MG TABLET
- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug. If the patient has an estimated glomerular filtration rate of less than 30 mL/min/1.73 m ² , approve Invokana if the patient has tried Jardiance. If the requested drug is Invokana and the patient has diabetic kidney disease, approve if the patient has tried Farxiga and Jardiance. If the requested drug is Invokana and the patient has established cardiovascular disease or at least two risk factors for cardiovascular disease, approve if the patient has tried Jardiance and Farxiga.
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SHORT ACTING INHALED BRONCHODILATORS

Products Affected

Step 1:

- *albuterol sulfate hfa 90 mcg/actuation aerosol inhaler*
- *albuterol sulfate hfa 90 mcg/actuation aerosol inhaler (nda020503)*

Step 2:

- AIRSUPRA 90 MCG-80 MCG/ACTUATION HFA AEROSOL INHALER
- ALBUTEROL SULFATE HFA 90 MCG/ACTUATION AEROSOL INHALER (NDA020983)
- LEVALBUTEROL HFA 45 MCG/ACTUATION AEROSOL INHALER
- PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR
- PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED
- VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER
- XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER

Details

Criteria	Pending CMS Review
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SYNTHROID

Products Affected

Step 1:

- *euthyrox 100 mcg tablet*
- *euthyrox 112 mcg tablet*
- *euthyrox 125 mcg tablet*
- *euthyrox 137 mcg tablet*
- *euthyrox 150 mcg tablet*
- *euthyrox 175 mcg tablet*
- *euthyrox 200 mcg tablet*
- *euthyrox 25 mcg tablet*
- *euthyrox 50 mcg tablet*
- *euthyrox 75 mcg tablet*
- *euthyrox 88 mcg tablet*
- *levothyroxine 100 mcg tablet*
- *levothyroxine 112 mcg tablet*
- *levothyroxine 125 mcg tablet*
- *levothyroxine 137 mcg tablet*
- *levothyroxine 150 mcg tablet*
- *levothyroxine 175 mcg tablet*
- *levothyroxine 200 mcg tablet*
- *levothyroxine 25 mcg tablet*
- *levothyroxine 300 mcg tablet*
- *levothyroxine 50 mcg tablet*
- *levothyroxine 75 mcg tablet*
- *levothyroxine 88 mcg tablet*
- *levoxyl 100 mcg tablet*
- *levoxyl 112 mcg tablet*
- *levoxyl 125 mcg tablet*
- *levoxyl 137 mcg tablet*
- *levoxyl 150 mcg tablet*
- *levoxyl 175 mcg tablet*
- *levoxyl 200 mcg tablet*
- *levoxyl 25 mcg tablet*
- *levoxyl 50 mcg tablet*
- *levoxyl 75 mcg tablet*
- *levoxyl 88 mcg tablet*
- *unithroid 100 mcg tablet*
- *unithroid 112 mcg tablet*
- *unithroid 125 mcg tablet*
- *unithroid 137 mcg tablet*
- *unithroid 150 mcg tablet*
- *unithroid 175 mcg tablet*
- *unithroid 200 mcg tablet*
- *unithroid 25 mcg tablet*
- *unithroid 300 mcg tablet*
- *unithroid 50 mcg tablet*
- *unithroid 75 mcg tablet*
- *unithroid 88 mcg tablet*

Step 2:

- SYNTHROID 100 MCG TABLET
- SYNTHROID 112 MCG TABLET
- SYNTHROID 125 MCG TABLET
- SYNTHROID 137 MCG TABLET
- SYNTHROID 150 MCG TABLET
- SYNTHROID 175 MCG TABLET
- SYNTHROID 200 MCG TABLET
- SYNTHROID 25 MCG TABLET
- SYNTHROID 300 MCG TABLET
- SYNTHROID 50 MCG TABLET
- SYNTHROID 75 MCG TABLET
- SYNTHROID 88 MCG TABLET

Details

Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.

TETRACYCLINES (ORAL)

Products Affected

Step 1:

- demeclocycline 150 mg tablet
- demeclocycline 300 mg tablet
- doxycycline hyclate 100 mg capsule
- doxycycline hyclate 100 mg tablet
- doxycycline hyclate 100 mg tablet, delayed release
- doxycycline hyclate 150 mg tablet
- doxycycline hyclate 150 mg tablet, delayed release
- doxycycline hyclate 20 mg tablet
- doxycycline hyclate 200 mg tablet, delayed release
- doxycycline hyclate 50 mg capsule
- doxycycline hyclate 50 mg tablet
- doxycycline hyclate 50 mg tablet, delayed release
- doxycycline hyclate 75 mg tablet
- doxycycline hyclate 75 mg tablet, delayed release
- doxycycline monohydrate 100 mg capsule
- doxycycline monohydrate 100 mg tablet
- doxycycline monohydrate 150 mg capsule
- doxycycline monohydrate 150 mg tablet
- doxycycline monohydrate 40 mg capsule, immediate - delay release
- doxycycline monohydrate 50 mg capsule
- doxycycline monohydrate 50 mg tablet
- doxycycline monohydrate 75 mg capsule
- doxycycline monohydrate 75 mg tablet
- doxycycline monohydrate 75 mg tablet, extended release 24 hr
- doxycycline monohydrate 115 mg tablet, extended release 24 hr
- doxycycline monohydrate 135 mg tablet, extended release 24 hr
- doxycycline monohydrate 45 mg tablet, extended release 24 hr
- doxycycline monohydrate 55 mg tablet, extended release 24 hr
- doxycycline monohydrate 65 mg tablet, extended release 24 hr
- doxycycline monohydrate 80 mg tablet, extended release 24 hr
- doxycycline monohydrate 90 mg tablet, extended release 24 hr
- tetracycline 250 mg capsule
- tetracycline 500 mg capsule

Step 2:

- DORYX MPC 60 MG TABLET, DELAYED RELEASE
- DOXYCYCLINE HYCLATE 80 MG TABLET, DELAYED RELEASE
- MONODOX 100 MG CAPSULE
- MONODOX 50 MG CAPSULE
- MONODOX 75 MG CAPSULE
- ORACEA 40 MG CAPSULE, IMMEDIATE - DELAY RELEASE
- SEYSARA 100 MG TABLET
- SEYSARA 150 MG TABLET
- SEYSARA 60 MG TABLET
- TARGADOX 50 MG TABLET
- VIBRAMYCIN 100 MG CAPSULE

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve Oracea if it is being used in the treatment of rosacea without a trial of a step 1 drug.
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TOPICAL NSAIDS

Products Affected

Step 1:

- celecoxib 100 mg capsule
- celecoxib 200 mg capsule
- celecoxib 400 mg capsule
- celecoxib 50 mg capsule
- diclofenac 1.5 % topical drops
- diclofenac 20 mg/gram/actuation (2 %) topical soln metered-dose pump
- diclofenac 50 mg-misoprostol 200 mcg tablet,immed.and delayed release
- diclofenac 75 mg-misoprostol 200 mcg tablet,immediate,delayed release
- diclofenac er 100 mg tablet,extended release 24 hr
- diclofenac potassium 25 mg capsule
- diclofenac potassium 25 mg tablet
- diclofenac potassium 50 mg oral powder packet
- diclofenac potassium 50 mg tablet
- diclofenac sodium 25 mg tablet,delayed release
- diclofenac sodium 50 mg tablet,delayed release
- diclofenac sodium 75 mg tablet,delayed release
- etodolac 200 mg capsule
- etodolac 300 mg capsule
- etodolac 400 mg tablet
- etodolac 500 mg tablet
- etodolac er 400 mg tablet,extended release 24 hr
- etodolac er 500 mg tablet,extended release 24 hr
- etodolac er 600 mg tablet,extended release 24 hr
- fenoprofen 600 mg tablet
- flurbiprofen 100 mg tablet
- ibu 600 mg tablet
- ibu 800 mg tablet
- ibuprofen 100 mg/5 ml oral suspension
- ibuprofen 400 mg tablet
- ibuprofen 600 mg tablet
- ibuprofen 800 mg tablet
- ibuprofen 800 mg-famotidine 26.6 mg tablet
- ketoprofen 25 mg capsule
- ketoprofen 50 mg capsule
- ketoprofen er 200 mg 24 hr capsule,extended release
- lofena 25 mg tablet
- meclofenamate 100 mg capsule
- meclofenamate 50 mg capsule
- mefenamic acid 250 mg capsule
- meloxicam 15 mg tablet
- meloxicam 7.5 mg tablet
- meloxicam submicronized 10 mg capsule
- meloxicam submicronized 5 mg capsule
- nabumetone 500 mg tablet
- nabumetone 750 mg tablet
- naproxen 125 mg/5 ml oral suspension
- naproxen 250 mg tablet
- naproxen 375 mg tablet
- naproxen 375 mg tablet,delayed release
- naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release
- naproxen 500 mg tablet
- naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release
- naproxen sodium 275 mg tablet
- naproxen sodium 550 mg tablet
- naproxen sodium er (cr) 375 mg tablet,extended release 24 hr mphase
- naproxen sodium er (cr) 500 mg tablet,extended release 24 hr mphase
- naproxen sodium er (cr) 750 mg tablet,extended release 24 hr mphase
- oxaprozin 600 mg tablet
- piroxicam 10 mg capsule
- piroxicam 20 mg capsule
- sulindac 150 mg tablet
- sulindac 200 mg tablet
- tolmetin 400 mg capsule



Step 2:

- PENNSAID 20
MG/GRAM/ACTUATION (2 %)

TOPICAL SOLN IN METERED-DOSE
PUMP

Details

Criteria	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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TOPICAL PRODUCTS FOR ROSACEA

Products Affected

Step 1:

- *azelaic acid 15 % topical gel*
- *ivermectin 1 % topical cream*
- *metronidazole 0.75 % lotion*
- *metronidazole 0.75 % topical cream*
- *metronidazole 0.75 % topical gel*
- *metronidazole 1 % topical gel*

Step 2:

- EPSOLAY 5 % TOPICAL CREAM
- FINACEA 15 % TOPICAL FOAM
- FINACEA 15 % TOPICAL GEL
- METROCREAM 0.75 % TOPICAL
- METROGEL 1 % TOPICAL
- METROLOTION 0.75 % TOPICAL
- NORITATE 1 % TOPICAL CREAM
- SOOLANTRA 1 % TOPICAL CREAM

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug.
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VAGINAL ANTIBIOTICS

Products Affected

Step 1:

- *clindamycin 2 % vaginal cream*
- *metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel*
- *vandazole 0.75 % (37.5 mg/5 gram) vaginal gel*

Step 2:

- XACIATO 2 % VAGINAL GEL

Details

Criteria	If the patient has tried vaginal clindamycin phosphate 2% cream and vaginal metronidazole 0.75% gel, approve the requested Step 2 drug. If the patient is pre-menarchal or less than 18 years of age, approve the requested Step 2 drug.
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 VYVANSE 40 MG CAPSULE 20
 VYVANSE 40 MG CHEWABLE TABLET
 20
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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

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