

2018 GRS Premier Step Therapy Document

September 2018

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Aggrenox

Products Affected

- AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE
- *aspirin 25 mg-dipyridamole 200 mg capsule, ext. release 12 hr multiphase*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): clopidigrel. Step 2 Drug(s): Aggrenox (aspirin/extended-release dipyridamole). Applies to New Starts Only.
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Albuterol HFA

Products Affected

- LEVALBUTEROL HFA 45 MCG/ACTUATION AEROSOL INHALER
- XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER
- VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): ProAir HFA, ProAir Respiclick, Proventil HFA. Step 2 Drug(s): Xopenex HFA (levalbuterol hfa), Ventolin HFA (albuterol hfa).
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Antara

Products Affected

- ANTARA 130 MG CAPSULE
- ANTARA 30 MG CAPSULE
- ANTARA 43 MG CAPSULE
- ANTARA 90 MG CAPSULE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): gemfibrozil, fenofibrate, fenofibrate acid, fenofibrate micronized. Step 2 Drug(s): Antara.
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Aptiom

Products Affected

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxcarbazepine immediate-release, Lamotrigine immediate-release, Levetiracetam, Levetiracetam XR, Roweepra, Topiramate, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.
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Aricept 23mg-A

Products Affected

- ARICEPT 23 MG TABLET
- *donepezil 23 mg tablet*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): donepezil, donepezil disintegrating tablet. Step 2 Drug(s): Aricept 23mg (donepezil 23mg). New starts Only.
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Bystolic

Products Affected

- BYSTOLIC 10 MG TABLET
- BYSTOLIC 20 MG TABLET
- BYSTOLIC 5 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): any TWO formulary Beta-blocker. Step 2 Drug(s): Bystolic (nebivolol)
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Cycloset

Products Affected

- CYCLOSET 0.8 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)
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Dexilant

Products Affected

- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE

Details

Criteria	If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Dexilant (dexlansoprazole). New Starts.
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EGR MSB Parkinson

Products Affected

- LODOSYN 25 MG TABLET
- MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE
- MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE
- REQUIP XL 12 MG TABLET,EXTENDED RELEASE
- REQUIP XL 2 MG TABLET,EXTENDED RELEASE
- REQUIP XL 4 MG TABLET,EXTENDED RELEASE
- REQUIP XL 6 MG TABLET,EXTENDED RELEASE
- REQUIP XL 8 MG TABLET,EXTENDED RELEASE
- RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE
- RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE
- RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE
- RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE
- SINEMET 10 MG-100 MG TABLET
- SINEMET 25 MG-100 MG TABLET
- SINEMET 25 MG-250 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): pramipexole IR/ER, ropinirole IR/ER, carbidopa, carbidopa/levodopa, carbidopa/levodopa ER. Step 2 Drug(s): Lodosyn, Mirapex ER, Requip XL, Rytary (carbidopa/levodopa), Sinemet.
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EGR Nasal Steroid - B

Products Affected

- BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY
- NASONEX 50 MCG/ACTUATION SPRAY
- OMNARIS 50 MCG NASAL SPRAY
- QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY
- QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY
- RHINOCORT AQUA 32 MCG/ACTUATION NASAL SPRAY
- TICANASE 50 MCG-0.9 % KIT, SPRAY SUSPENSION AND SPRAY
- VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY, SUSPENSION
- ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER

Details

Criteria	<p>If the patient has tried TWO step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 drugs: budesonide nasal spray, mometasone furoate nasal spray, fluticasone propionate nasal spray or flunisolide nasal spray. Step 2 drugs: Beconase AQ (beclomethasone dipropionate monohydrate), Nasonex, Omnaris (ciclesonide), Veramyst (fluticasone furoate), Qnasl (beclomethasone dipropionate), Zetonna (ciclesonide), Rhinocort AQ, Ticanase Kit (fluticasone with saline spray) may be authorized. For diagnosis Vasomotor Rhinitis, Beconase AQ may be authorized after trial of fluticasone propionate. For diagnosis of nasal polyps, Beconase AQ (beclomethasone) and Brand Nasonex may be authorized after trial of Mometasone furoate nasal spray.</p>
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EGR NP Bisphosphonates

Products Affected

- ACTONEL 150 MG TABLET
- ACTONEL 30 MG TABLET
- ACTONEL 35 MG TABLET
- ACTONEL 5 MG TABLET
- BONIVA 150 MG TABLET
- FOSAMAX 70 MG TABLET
- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT 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 5 mg tablet*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Actonel, Risedronate, Boniva tablets, Fosamax plus D, Fosamax 70mg (tab/sol).
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EGR NP OAB

Products Affected

- *darifenacin er 15 mg tablet,extended release 24 hr*
- *darifenacin er 7.5 mg tablet,extended release 24 hr*
- DETROL 1 MG TABLET
- DETROL 2 MG TABLET
- DETROL LA 2 MG CAPSULE,EXTENDED RELEASE
- DETROL LA 4 MG CAPSULE,EXTENDED RELEASE
- DITROPAN XL 10 MG TABLET,EXTENDED RELEASE
- DITROPAN XL 15 MG TABLET,EXTENDED RELEASE
- DITROPAN XL 5 MG TABLET,EXTENDED RELEASE
- ENABLEX 15 MG TABLET,EXTENDED RELEASE
- ENABLEX 7.5 MG TABLET,EXTENDED RELEASE
- GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET
- GELNIQUE 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP
- GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP
- OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH
- SANCTURA 20 MG TABLET
- SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	If the patient has tried Toviaz/VESIcare/Myrbetriq and one of the following: oxybutynin, oxybutynin solution, oxybutynin ER, tolterodine IR/ER, OR trospium IR/ER. Then Sanctura, Sanctura XR, Oxytrol, Enablex(darifenacin ER), Gelnique (oxybutynin), Detrol/Detrol LA, Ditropan XL may be authorized.
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EGR NP Phosphate Binder

Products Affected

- *eliphos 667 mg tablet*
- FOSRENOL 1,000 MG CHEWABLE TABLET
- FOSRENOL 1,000 MG ORAL POWDER PACKET
- FOSRENOL 500 MG CHEWABLE TABLET
- FOSRENOL 750 MG CHEWABLE TABLET
- FOSRENOL 750 MG ORAL POWDER PACKET
- *lanthanum 1,000 mg chewable tablet*
- *lanthanum 500 mg chewable tablet*
- *lanthanum 750 mg chewable tablet*
- PHOSLO 667 MG CAPSULE
- PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION
- RENAGEL 400 MG TABLET
- RENAGEL 800 MG TABLET
- VELPHORO 500 MG CHEWABLE TABLET

Details

Criteria	If the patient has tried calcium acetate AND Renvela (sevelamer carbonate). Then Fosrenol (lanthanum carbonate), Renagel (sevelamer hcl), PhosLo, Phoslyra, Eliphos, Velphoro (sucroferric oxyhydroxide) may be authorized.
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Fanapt

Products Affected

- 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

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): olanzapine, paliperidone, quetiapine fumarate, risperidone, ziprasidone. Step 2 Drug(s): Fanapt (iloperidone), Fanapt Titration Pack (iloperidone). Applies to New Starts Only.
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Glumetza ER

Products Affected

- GLUMETZA 1,000 MG
TABLET,EXTENDED RELEASE
- GLUMETZA 500 MG
TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): metformin ER. Step 2 Drug(s): Brand Glumetza ER
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Innopran XL

Products Affected

- INNOPRAN XL 120 MG
CAPSULE,EXTENDED RELEASE
- INNOPRAN XL 80 MG
CAPSULE,EXTENDED RELEASE

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): acebutolol, atenolol, betaxolol, bisoprolol, Bystolic, metoprolol tartrate, metoprolol succinate ER, nadolol, pindolol, propranolol/ER, timolol. Step 2 Drug(s): Innopran XL
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Khedeza

Products Affected

- KHEDEZLA 100 MG
TABLET,EXTENDED RELEASE
- KHEDEZLA 50 MG
TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Bupropion, Citalopram, Desvenlafaxine ER, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, Venlafaxine (immediate or extended-release products). Step 2 Drug(s): Khedeza. Applies to New Starts Only.
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Lunesta

Products Affected

- LUNESTA 1 MG TABLET
- LUNESTA 2 MG TABLET
- LUNESTA 3 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): eszopiclone. Step 2 Drug(s): Brand Lunesta.
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Luzu

Products Affected

- LULICONAZOLE 1 % TOPICAL CREAM • LUZU 1 % TOPICAL CREAM

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Ciclopirox cream/suspension/gel/shampoo, Clotrimazole cream/solution, Ketoconazole cream/shampoo, Ciclodan cream, Loprox 0.77 cream, Nystatin cream/ointment/powder. Step 2 Drug(s): Luzu (luliconazole).
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Nexium

Products Affected

- *esomeprazole magnesium 20 mg capsule, delayed release*
- *esomeprazole magnesium 40 mg capsule, delayed release*
- *esomeprazole strontium 24.65 mg capsule, delayed release*
- ESOMEPRAZOLE STRONTIUM 49.3 MG CAPSULE, DELAYED RELEASE
- NEXIUM 20 MG CAPSULE, DELAYED RELEASE
- NEXIUM 40 MG CAPSULE, DELAYED RELEASE
- RELEASE
- NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP

Details

Criteria	If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Nexium (esomeprazole mag DR), esomeprazole. New Starts
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NP Fast Acting Insulin

Products Affected

- NOVOLIN 70/30 PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- NOVOLIN N INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN N NPH U-100 INSULIN ISOPHAN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP
- NOVOLIN N PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- NOVOLIN R INNOLET 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, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humulin N, R, 70 30, R 500 (pen/vial/cartridge). Step 2 Drug(s): Novolin N, R, 70 30 (pen/vial/cartridge). New starts Only.
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NP LAMA LABA

Products Affected

- BEVESPI AEROSPHERE 9 MCG-4.8 MCG CAPSULE WITH INHALATION
MCG HFA AEROSOL INHALER DEVICE
- UTIBRON NEOHALER 27.5 MCG-15.6

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): ANORO Ellipta (umeclidinium-vilanterol) or Stiolto Respimat (tiotropium/olodaterol) Step 2 Drug(s): Utibron Neohaler (glycopyrrolate/indacaterol) or Bevespi Aerosphere (glycopyrrolate-formoterol fumarate).
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NP Long Acting Insulin

Products Affected

- TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lantus (Insulin Glargine), Toujeo (Insulin Glargine), Levemir (Insulin Detemir). Step 2 Drug(s): Tresiba (insulin degludec). New starts Only.
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NP Rapid Insulin

Products Affected

- 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 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG
- NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humalog. Step 2 Drug(s): Apidra, Novolog, Admelog, and Fiasp. New starts Only.
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Ranexa

Products Affected

- RANEXA 1,000 MG TABLET,EXTENDED RELEASE
- RANEXA 500 MG TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): any formulary Beta-blocker, Calcium-channel blocker, or Long-acting nitrate. Step 2 Drug(s): Ranexa (ranolazine)
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Sinemet CR 25-100 mg

Products Affected

- SINEMET CR 25 MG-100 MG
TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Carbidopa/Levodopa ER 25-100 mg. Step 2 Drug(s): Sinemet CR 25-100 mg.
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Sinemet CR 50-200 mg

Products Affected

- SINEMET CR 50 MG-200 MG
TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Carbidopa/Levodopa ER 50-200 mg, Sinemet CR 25-100 mg. Step 2 Drug(s): Sinemet CR 50-200 mg. Generic Sinemet 50-200 mg CR is not required if the individual has been previously approved for brand Sinemet 25-100 mg CR.
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Symproic

Products Affected

- SYMPROIC 0.2 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Movantik (naloxegol). Step 2 Drug(s): Symproic (naldemedine).
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Thioridazine HRM - B

Products Affected

- *thioridazine 10 mg tablet*
- *thioridazine 100 mg tablet*
- *thioridazine 25 mg tablet*
- *thioridazine 50 mg tablet*

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Abilify (aripiprazole), Fanapt (iloperidone), Invega (paliperidone), Risperidone, Latuda, Olanzapine, Quetiapine, Ziprasidone. Step 2 Drug(s): Thioridazine. New Starts Only
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Tivorbex

Products Affected

- TIVORBEX 20 MG CAPSULE
- TIVORBEX 40 MG CAPSULE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Celecoxib, Diclofenac Potassium, Diclofenac Sodium IR/ER, Diclofenac-Misoprost, Diflunisal, Etodolac IR/ER, Fenoprofen Calcium, Flurbiprofen, Hydrocodone/Ibuprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen Sodium, Naproxen, Oxaprozin, Ibuprofen/Oxycodone Hcl, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Tivorbex (indomethacin submicronized).
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Tolak

Products Affected

- TOLAK 4 % TOPICAL CREAM

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Carac (fluorouracil), fluorouracil, Aldara (imiquimod), Picato, Zyclara (imiquimod). Step 2 Drug(s): Tolak (fluorouracil). Applies to New Starts Only.
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Trintellix

Products Affected

- BRINTELLIX 10 MG TABLET
- BRINTELLIX 20 MG TABLET
- BRINTELLIX 5 MG TABLET
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Trintellix. Applies to New Starts Only.
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Uloric

Products Affected

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Uloric . Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.
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Valtrex

Products Affected

- VALTREX 1 GRAM TABLET
- VALTREX 500 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): valacyclovir. Step 2 Drug(s): Valtrex
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Viibryd

Products Affected

- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd, Viibryd Titration Pack. Applies to New Starts Only.
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Index

ACTONEL 150 MG TABLET.....	11	DETROL LA 2 MG	
ACTONEL 30 MG TABLET.....	11	CAPSULE,EXTENDED RELEASE.....	12
ACTONEL 35 MG TABLET.....	11	DETROL LA 4 MG	
ACTONEL 5 MG TABLET.....	11	CAPSULE,EXTENDED RELEASE.....	12
ADMELOG SOLOSTAR U-100		DEXILANT 30 MG CAPSULE,	
INSULIN LISPRO 100 UNIT/ML		DELAYED RELEASE.....	8
SUBCUTANEOUS PEN.....	24	DEXILANT 60 MG CAPSULE,	
ADMELOG U-100 INSULIN LISPRO		DELAYED RELEASE.....	8
100 UNIT/ML SUBCUTANEOUS		DITROPAN XL 10 MG	
SOLUTION.....	24	TABLET,EXTENDED RELEASE.....	12
AGGRENOX 25 MG-200 MG		DITROPAN XL 15 MG	
CAPSULE, EXTENDED RELEASE.....	1	TABLET,EXTENDED RELEASE.....	12
ANTARA 130 MG CAPSULE.....	3	DITROPAN XL 5 MG	
ANTARA 30 MG CAPSULE.....	3	TABLET,EXTENDED RELEASE.....	12
ANTARA 43 MG CAPSULE.....	3	<i>donepezil 23 mg tablet.....</i>	5
ANTARA 90 MG CAPSULE.....	3	<i>eliphos 667 mg tablet.....</i>	13
APIDRA SOLOSTAR U-100 INSULIN		ENABLEX 15 MG	
100 UNIT/ML SUBCUTANEOUS PEN..	24	TABLET,EXTENDED RELEASE.....	12
APIDRA U-100 INSULIN 100 UNIT/ML		ENABLEX 7.5 MG	
SUBCUTANEOUS SOLUTION.....	24	TABLET,EXTENDED RELEASE.....	12
APTIOM 200 MG TABLET.....	4	<i>esomeprazole magnesium 20 mg</i>	
APTIOM 400 MG TABLET.....	4	<i>capsule,delayed release.....</i>	20
APTIOM 600 MG TABLET.....	4	<i>esomeprazole magnesium 40 mg</i>	
APTIOM 800 MG TABLET.....	4	<i>capsule,delayed release.....</i>	20
ARICEPT 23 MG TABLET.....	5	<i>esomeprazole strontium 24.65 mg</i>	
<i>aspirin 25 mg-dipyridamole 200 mg</i>		<i>capsule,delayed release.....</i>	20
<i>capsule,ext.release 12 hr multiphase.....</i>	1	ESOMEPRAZOLE STRONTIUM 49.3	
BECONASE AQ 42 MCG (0.042 %)		MG CAPSULE,DELAYED RELEASE....	20
NASAL SPRAY.....	10	FANAPT 1 MG TABLET.....	14
BEVESPI AEROSPHERE 9 MCG-4.8		FANAPT 10 MG TABLET.....	14
MCG HFA AEROSOL INHALER.....	22	FANAPT 12 MG TABLET.....	14
BONIVA 150 MG TABLET.....	11	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6	
BRINTELLIX 10 MG TABLET.....	32	MG(2) TABLETS IN A DOSE PACK....	14
BRINTELLIX 20 MG TABLET.....	32	FANAPT 2 MG TABLET.....	14
BRINTELLIX 5 MG TABLET.....	32	FANAPT 4 MG TABLET.....	14
BYSTOLIC 10 MG TABLET.....	6	FANAPT 6 MG TABLET.....	14
BYSTOLIC 20 MG TABLET.....	6	FANAPT 8 MG TABLET.....	14
BYSTOLIC 5 MG TABLET.....	6	FIASP FLEXTOUCH U-100 INSULIN	
CYCLOSET 0.8 MG TABLET.....	7	100 UNIT/ML (3 ML)	
<i>darifenacin er 15 mg tablet,extended</i>		SUBCUTANEOUS PEN.....	24
<i>release 24 hr.....</i>	12	FIASP U-100 INSULIN 100 UNIT/ML	
<i>darifenacin er 7.5 mg tablet,extended</i>		SUBCUTANEOUS SOLUTION.....	24
<i>release 24 hr.....</i>	12	FOSAMAX 70 MG TABLET.....	11
DETROL 1 MG TABLET.....	12	FOSAMAX PLUS D 70 MG-2,800	
DETROL 2 MG TABLET.....	12	UNIT TABLET.....	11

FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET.....	11	MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE.....	9
FOSRENOL 1,000 MG CHEWABLE TABLET.....	13	MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE.....	9
FOSRENOL 1,000 MG ORAL POWDER PACKET.....	13	MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE.....	9
FOSRENOL 500 MG CHEWABLE TABLET.....	13	MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE.....	9
FOSRENOL 750 MG CHEWABLE TABLET.....	13	MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE.....	9
FOSRENOL 750 MG ORAL POWDER PACKET.....	13	MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE.....	9
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET.....	12	NASONEX 50 MCG/ACTUATION SPRAY.....	10
GELNIQUE 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP.....	12	NEXIUM 20 MG CAPSULE,DELAYED RELEASE.....	20
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP.....	12	NEXIUM 40 MG CAPSULE,DELAYED RELEASE.....	20
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE.....	15	NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP.....	20
GLUMETZA 500 MG TABLET,EXTENDED RELEASE.....	15	NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP.....	20
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE.....	16	NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP.....	20
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE.....	16	NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP.....	20
KHEDEZLA 100 MG TABLET,EXTENDED RELEASE.....	17	NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP.....	20
KHEDEZLA 50 MG TABLET,EXTENDED RELEASE.....	17	NOVOLIN 70/30 PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	21
<i>lanthanum 1,000 mg chewable tablet</i>	13	NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION.....	21
<i>lanthanum 500 mg chewable tablet</i>	13	NOVOLIN N INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	21
<i>lanthanum 750 mg chewable tablet</i>	13	NOVOLIN N NPH U-100 INSULIN ISOPHAN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	21
LEVALBUTEROL HFA 45 MCG/ACTUATION AEROSOL INHALER.....	2	NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP.....	21
LODOSYN 25 MG TABLET.....	9	NOVOLIN N PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	21
LULICONAZOLE 1 % TOPICAL CREAM.....	19		
LUNESTA 1 MG TABLET.....	18		
LUNESTA 2 MG TABLET.....	18		
LUNESTA 3 MG TABLET.....	18		
LUZU 1 % TOPICAL CREAM.....	19		
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE.....	9		

NOVOLIN R INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	21	<i>risedronate 35 mg tablet (12 pack)</i>	11
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION.....	21	<i>risedronate 35 mg tablet (4 pack)</i>	11
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS.....	24	<i>risedronate 5 mg tablet</i>	11
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG.....	24	RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE	9
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION.....	24	RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE	9
OMNARIS 50 MCG NASAL SPRAY.....	10	RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE	9
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH.....	12	RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE	9
PHOSLO 667 MG CAPSULE.....	13	SANCTURA 20 MG TABLET.....	12
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION.....	13	SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE	12
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY.....	10	SINEMET 10 MG-100 MG TABLET.....	9
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY.....	10	SINEMET 25 MG-100 MG TABLET.....	9
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	25	SINEMET 25 MG-250 MG TABLET.....	9
RANEXA 500 MG TABLET,EXTENDED RELEASE	25	SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE	26
RENAGEL 400 MG TABLET.....	13	SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE	27
RENAGEL 800 MG TABLET.....	13	SYMPROIC 0.2 MG TABLET.....	28
REQUIP XL 12 MG TABLET,EXTENDED RELEASE	9	<i>thioridazine 10 mg tablet</i>	29
REQUIP XL 2 MG TABLET,EXTENDED RELEASE	9	<i>thioridazine 100 mg tablet</i>	29
REQUIP XL 4 MG TABLET,EXTENDED RELEASE	9	<i>thioridazine 25 mg tablet</i>	29
REQUIP XL 6 MG TABLET,EXTENDED RELEASE	9	<i>thioridazine 50 mg tablet</i>	29
REQUIP XL 8 MG TABLET,EXTENDED RELEASE	9	TICANASE 50 MCG-0.9 % KIT, SPRAY SUSPENSION AND SPRAY....	10
RHINOCORT AQUA 32 MCG/ACTUATION NASAL SPRAY.....	10	TIVORBEX 20 MG CAPSULE.....	30
<i>risedronate 150 mg tablet</i>	11	TIVORBEX 40 MG CAPSULE.....	30
<i>risedronate 30 mg tablet</i>	11	TOLAK 4 % TOPICAL CREAM.....	31
<i>risedronate 35 mg tablet</i>	11	TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN.....	23
		TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN.....	23
		TRINTELLIX 10 MG TABLET.....	32
		TRINTELLIX 20 MG TABLET.....	32
		TRINTELLIX 5 MG TABLET.....	32
		ULORIC 40 MG TABLET.....	33
		ULORIC 80 MG TABLET.....	33
		UTIBRON NEOHALER 27.5 MCG- 15.6 MCG CAPSULE WITH INHALATION DEVICE.....	22
		VALTREX 1 GRAM TABLET.....	34

VALTREX 500 MG TABLET	34
VELPHORO 500 MG CHEWABLE TABLET	13
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	2
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION	10
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	35
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK...	35
VIIBRYD 10 MG TABLET	35
VIIBRYD 20 MG TABLET	35
VIIBRYD 40 MG TABLET	35
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER.....	2
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER.....	10