

2019 GRS Premier Step Therapy Document

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
- PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR
- VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER
- XOPENEX HFA 45 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), ProAir Digihaler (albuterol).
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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): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, 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 2.5 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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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): carbidopa, carbidopa/levodopa IR/ER, pramipexole IR/ER, ropinirole IR/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	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.
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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, Boniva tablets, Fosamax plus D, Fosamax 70mg (tab/sol), Risedronate.
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EGR NP OAB

Products Affected

- 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: darifenacin ER, oxybutynin, oxybutynin solution, oxybutynin ER, tolterodine IR/ER, OR trospium IR/ER. Then Detrol/Detrol LA, Ditropan XL, Enablex, Gelnique (oxybutynin), Oxytrol, Sanctura, Sanctura XR 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
- *sevelamer hcl 400 mg tablet*
- *sevelamer hcl 800 mg tablet*
- VELPHORO 500 MG CHEWABLE TABLET

Details

Criteria	If the patient has tried calcium acetate AND Renvela (sevelamer carbonate). Then Eliphos, Fosrenol (lanthanum carbonate), PhosLo, Phoslyra, Renagel (sevelamer hcl), 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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KhedeZla - B

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, Paroxetine ER, Sertraline, Venlafaxine (immediate or extended-release products). Step 2 Drug(s): KhedeZla. 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
- 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 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS
- 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 HFA AEROSOL INHALER MCG CAPSULE WITH INHALATION 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

- BASAGLAR KWIKPEN U-100 INSULIN 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	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), Basaglar (Insulin Glargine). New starts Only.
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NP Rapid Insulin - B

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 PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE
- FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- 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	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): Admelog, Apidra, Fiasp, and Novolog, New starts Only.
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NP Topical Steroids

Products Affected

- BRYHALI 0.01 % LOTION
- LEXETTE 0.05 % TOPICAL FOAM

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): Clobex (clobetasol propionate) lotion/spray, halobetasol foam, Olux (clobetasol propionate) lotion/foam, Olux-E (clobetasol propionate) foam, Temovate (clobetasol propionate) cream, Ultravate (halobetasol propionate) lotion. Step 2 Drug(s): Bryhali (halobetasol lotion), LEXETTE (halobetasol foam).
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PERT Agents

Products Affected

- 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-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- PANCRELIPASE 5000 5,000-17,000-27,000 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
- ULTRESA 13,800 UNIT-27,600 UNIT CAPSULE,DELAYED RELEASE
- ULTRESA 20,700 UNIT-41,400 UNIT CAPSULE,DELAYED RELEASE
- ULTRESA 23,000 UNIT-46,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED 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): Creon. Step 2 Drug(s): Pancreaze, Pancrelipase, Pertzye, Ultresa, and Zenpep. New Starts Only
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Ranexa

Products Affected

- RANEXA 1,000 MG TABLET,EXTENDED RELEASE
- RANEXA 500 MG TABLET,EXTENDED RELEASE
- *ranolazine er 1,000 mg tablet,extended release,12 hr*
- *ranolazine er 500 mg tablet,extended release,12 hr*

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), Latuda, Olanzapine, Quetiapine, Risperidone, 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): Aldara (imiquimod), Carac (fluorouracil), fluorouracil, 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): valacylovir. 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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ACTONEL 35 MG TABLET.....	10	RELEASE.....	11
ACTONEL 5 MG TABLET.....	10	DETROL LA 4 MG CAPSULE,EXTENDED	
ADMELOG SOLOSTAR U-100 INSULIN		RELEASE.....	11
LISPRO 100 UNIT/ML SUBCUTANEOUS		DITROPAN XL 10 MG	
PEN.....	23	TABLET,EXTENDED RELEASE.....	11
ADMELOG U-100 INSULIN LISPRO 100		DITROPAN XL 15 MG	
UNIT/ML SUBCUTANEOUS SOLUTION..	23	TABLET,EXTENDED RELEASE.....	11
AGGRENOX 25 MG-200 MG CAPSULE,		DITROPAN XL 5 MG	
EXTENDED RELEASE.....	1	TABLET,EXTENDED RELEASE.....	11
ANTARA 130 MG CAPSULE.....	3	<i>donepezil 23 mg tablet.....</i>	5
ANTARA 30 MG CAPSULE.....	3	<i>eliphos 667 mg tablet.....</i>	12
ANTARA 43 MG CAPSULE.....	3	ENABLEX 15 MG TABLET,EXTENDED	
ANTARA 90 MG CAPSULE.....	3	RELEASE.....	11
APIDRA SOLOSTAR U-100 INSULIN		ENABLEX 7.5 MG TABLET,EXTENDED	
100 UNIT/ML SUBCUTANEOUS PEN.....	23	RELEASE.....	11
APIDRA U-100 INSULIN 100 UNIT/ML		<i>esomeprazole magnesium 20 mg</i>	
SUBCUTANEOUS SOLUTION.....	23	<i>capsule,delayed release.....</i>	19
APTIOM 200 MG TABLET.....	4	<i>esomeprazole magnesium 40 mg</i>	
APTIOM 400 MG TABLET.....	4	<i>capsule,delayed release.....</i>	19
APTIOM 600 MG TABLET.....	4	<i>esomeprazole strontium 24.65 mg</i>	
APTIOM 800 MG TABLET.....	4	<i>capsule,delayed release.....</i>	19
ARICEPT 23 MG TABLET.....	5	<i>esomeprazole strontium 49.3 mg</i>	
<i>aspirin 25 mg-dipyridamole 200 mg</i>		<i>capsule,delayed release.....</i>	19
<i>capsule,ext.release 12 hr multiphase.....</i>	1	FANAPT 1 MG TABLET.....	13
BASAGLAR KWIKPEN U-100 INSULIN		FANAPT 10 MG TABLET.....	13
100 UNIT/ML (3 ML) SUBCUTANEOUS..	22	FANAPT 12 MG TABLET.....	13
BECONASE AQ 42 MCG (0.042 %)		FANAPT 1MG(2)-2 MG(2)-4MG(2)-6	
NASAL SPRAY.....	9	MG(2) TABLETS IN A DOSE PACK.....	13
BEVESPI AEROSPHERE 9 MCG-4.8		FANAPT 2 MG TABLET.....	13
MCG HFA AEROSOL INHALER.....	21	FANAPT 4 MG TABLET.....	13
BONIVA 150 MG TABLET.....	10	FANAPT 6 MG TABLET.....	13
BRINTELLIX 10 MG TABLET.....	34	FANAPT 8 MG TABLET.....	13
BRINTELLIX 20 MG TABLET.....	34	FIASP FLEXTOUCH U-100 INSULIN 100	
BRINTELLIX 5 MG TABLET.....	34	UNIT/ML (3 ML) SUBCUTANEOUS PEN.	23
BRYHALI 0.01 % LOTION.....	24	FIASP PENFILL U-100 INSULIN 100	
BYSTOLIC 10 MG TABLET.....	6	UNIT/ML (3 ML) SUBCUTANEOUS	
BYSTOLIC 2.5 MG TABLET.....	6	CARTRIDGE.....	23
BYSTOLIC 20 MG TABLET.....	6	FIASP U-100 INSULIN 100 UNIT/ML	
BYSTOLIC 5 MG TABLET.....	6	SUBCUTANEOUS SOLUTION.....	23
CYCLOSET 0.8 MG TABLET.....	7	FOSAMAX 70 MG TABLET.....	10
DETROL 1 MG TABLET.....	11		

FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET.....	10	MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE.....	8
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET.....	10	MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE.....	8
FOSRENOL 1,000 MG CHEWABLE TABLET.....	12	MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE.....	8
FOSRENOL 1,000 MG ORAL POWDER PACKET.....	12	MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE.....	8
FOSRENOL 500 MG CHEWABLE TABLET.....	12	MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE.....	8
FOSRENOL 750 MG CHEWABLE TABLET.....	12	MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE.....	8
FOSRENOL 750 MG ORAL POWDER PACKET.....	12	MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE.....	8
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET.....	11	NASONEX 50 MCG/ACTUATION SPRAY...9	
GELNIQUE 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP.....	11	NEXIUM 20 MG CAPSULE,DELAYED RELEASE.....	19
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP.....	11	NEXIUM 40 MG CAPSULE,DELAYED RELEASE.....	19
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE.....	14	NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP.....	19
GLUMETZA 500 MG TABLET,EXTENDED RELEASE.....	14	NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP.....	19
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE.....	15	NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP.....	19
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE.....	15	NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP.....	19
KHEDEZLA 100 MG TABLET,EXTENDED RELEASE.....	16	NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP.....	19
KHEDEZLA 50 MG TABLET,EXTENDED RELEASE.....	16	NOVOLIN 70/30 PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	20
<i>lanthanum 1,000 mg chewable tablet...</i>	12	NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION.....	20
<i>lanthanum 500 mg chewable tablet.....</i>	12	NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS.....	20
<i>lanthanum 750 mg chewable tablet.....</i>	12	NOVOLIN N INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	20
LEVALBUTEROL HFA 45 MCG/ACTUATION AEROSOL INHALER....	2	NOVOLIN N NPH U-100 INSULIN ISOPHAN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	20
LEXETTE 0.05 % TOPICAL FOAM.....	24		
LODOSYN 25 MG TABLET.....	8		
LULICONAZOLE 1 % TOPICAL CREAM..	18		
LUNESTA 1 MG TABLET.....	17		
LUNESTA 2 MG TABLET.....	17		
LUNESTA 3 MG TABLET.....	17		
LUZU 1 % TOPICAL CREAM.....	18		

NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP.....	20	PANCRELIPASE 5000 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE.....	25
NOVOLIN N PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE.....	20	PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE.....	25
NOVOLIN R INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	20	PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE.....	25
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION....	20	PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE.....	25
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS.....	23	PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE.....	25
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN.....	23	PHOSLO 667 MG CAPSULE.....	12
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION.....	23	PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION.....	12
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG.....	23	PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR.....	2
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION.....	23	QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY.....	9
OMNARIS 50 MCG NASAL SPRAY.....	9	QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY.....	9
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH.....	11	RANEXA 1,000 MG TABLET,EXTENDED RELEASE.....	27
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE.....	25	RANEXA 500 MG TABLET,EXTENDED RELEASE.....	27
PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE.....	25	<i>ranolazine er 1,000 mg tablet,extended release,12 hr.....</i>	27
PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE.....	25	<i>ranolazine er 500 mg tablet,extended release,12 hr.....</i>	27
PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE.....	25	RENAGEL 400 MG TABLET.....	12
PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE.....	25	RENAGEL 800 MG TABLET.....	12
		REQUIP XL 12 MG TABLET,EXTENDED RELEASE.....	8
		REQUIP XL 2 MG TABLET,EXTENDED RELEASE.....	8
		REQUIP XL 4 MG TABLET,EXTENDED RELEASE.....	8
		REQUIP XL 6 MG TABLET,EXTENDED RELEASE.....	8
		REQUIP XL 8 MG TABLET,EXTENDED RELEASE.....	8

RHINOCORT AQUA 32 MCG/ACTUATION NASAL SPRAY.....	9	TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION.....	22
<i>risedronate 150 mg tablet</i>	10	TRINTELLIX 10 MG TABLET.....	34
<i>risedronate 30 mg tablet</i>	10	TRINTELLIX 20 MG TABLET.....	34
<i>risedronate 35 mg tablet</i>	10	TRINTELLIX 5 MG TABLET.....	34
<i>risedronate 35 mg tablet (12 pack)</i>	10	ULORIC 40 MG TABLET.....	35
<i>risedronate 35 mg tablet (4 pack)</i>	10	ULORIC 80 MG TABLET.....	35
<i>risedronate 5 mg tablet</i>	10	ULTRESA 13,800 UNIT-27,600 UNIT CAPSULE,DELAYED RELEASE.....	25
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE.....	8	ULTRESA 20,700 UNIT-41,400 UNIT CAPSULE,DELAYED RELEASE.....	25
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE.....	8	ULTRESA 23,000 UNIT-46,000 UNIT CAPSULE,DELAYED RELEASE.....	25
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE.....	8	UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE.....	21
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE.....	8	VALTREX 1 GRAM TABLET.....	36
SANCTURA 20 MG TABLET.....	11	VALTREX 500 MG TABLET.....	36
SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE.....	11	VELPHORO 500 MG CHEWABLE TABLET.....	12
<i>sevelamer hcl 400 mg tablet</i>	12	VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER.....	2
<i>sevelamer hcl 800 mg tablet</i>	12	VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION.....	9
SINEMET 10 MG-100 MG TABLET.....	8	VIIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK.....	37
SINEMET 25 MG-100 MG TABLET.....	8	VIIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK.....	37
SINEMET 25 MG-250 MG TABLET.....	8	VIIIBRYD 10 MG TABLET.....	37
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE.....	28	VIIIBRYD 20 MG TABLET.....	37
SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE.....	29	VIIIBRYD 40 MG TABLET.....	37
SYMPROIC 0.2 MG TABLET.....	30	XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER.....	2
<i>thioridazine 10 mg tablet</i>	31	ZENPEP 10,000 UNIT-32,000 UNIT- 42,000 UNIT CAPSULE,DELAYED RELEASE.....	25
<i>thioridazine 100 mg tablet</i>	31	ZENPEP 10,000 UNIT-34,000 UNIT- 55,000 UNIT CAPSULE,DELAYED RELEASE.....	25
<i>thioridazine 100 mg tablet</i>	31	ZENPEP 15,000 UNIT-47,000 UNIT- 63,000 UNIT CAPSULE,DELAYED RELEASE.....	25
<i>thioridazine 25 mg tablet</i>	31		
<i>thioridazine 50 mg tablet</i>	31		
TICANASE 50 MCG-0.9 % KIT, SPRAY SUSPENSION AND SPRAY.....	9		
TIVORBEX 20 MG CAPSULE.....	32		
TIVORBEX 40 MG CAPSULE.....	32		
TOLAK 4 % TOPICAL CREAM.....	33		
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN.....	22		
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN.....	22		

ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE.....	25
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER.....	9