

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS MAPD

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *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*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 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 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *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*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 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 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE
- FETZIMA 120 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK
- FETZIMA 20 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine tablets, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Auvelity and Fetzima. The member must have tried a 30-day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.
-----------------	--

FEBUXOSTAT MAPD

Products Affected

Step 1:

- *allopurinol 100 mg tablet*
- *allopurinol 300 mg tablet*

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

Criteria	Step-1 Drug: allopurinol. Step-2 Drug: febuxostat. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Authorization for febuxostat will be given if the patient is receiving concomitant medications that have significant drug-drug interactions with the Step-1 agent (allopurinol) which are not noted with febuxostat tablets (e.g., cyclosporine, chlorpropamide).
-----------------	---

KLISYRI MAPD

Products Affected

Step 1:

- FLUOROURACIL 0.5 % TOPICAL CREAM
- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 3.75 % topical cream in a pump*
- *imiquimod 3.75 % topical cream packet*
- *imiquimod 5 % topical cream packet*

Step 2:

- KLISYRI 1 % TOPICAL OINTMENT IN PACKET

Details

Criteria	Step-1 Drugs: imiquimod 5% cream, imiquimod 3.75% cream, fluorouracil 5% solution, fluorouracil 2% solution, fluorouracil 5% cream, and fluorouracil 0.5% cream. Step-2 Drug: Klisyri. The member must have tried a 14-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

METFORMIN ER MAPD

Products Affected

Step 1:

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

Step 2:

- *metformin er 1,000 mg tablet, extended release 24hr (osmotic)*

Details

Criteria	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg osmotic tablets (generic Fortamet). Step-2 Drug: metformin ER 1000mg osmotic tablets (generic Fortamet). The member must have tried a 30-day supply or more of both generic Glucophage XR AND generic 500mg Fortamet within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	--

MOTPOLY XR MAPD

Products Affected

Step 1:

- *lacosamide 10 mg/ml oral solution*
- *lacosamide 100 mg tablet*
- *lacosamide 150 mg tablet*
- *lacosamide 200 mg tablet*
- *lacosamide 200 mg/20 ml intravenous solution*
- *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	
	Step-1 Drug: lacosamide. Step-2 Drug: Motpoly XR. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.

RYALTRIS MAPD

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Ryaltris. The member must have tried a 14-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

RYTARY MAPD

Products Affected

Step 1:

- *carbidopa 10 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 10 mg-levodopa 100 mg tablet*
- *carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet*
- *carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 250 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 250 mg tablet*
- *carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet*
- *carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet*
- *carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet*
- *carbidopa er 25 mg-levodopa 100 mg tablet, extended release*
- *carbidopa er 50 mg-levodopa 200 mg tablet, extended release*

Step 2:

- 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

Details

Criteria	Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa ODT, and carbidopa/levodopa/entacapone. Step-2 Drug: Rytary. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

TRINTELLIX MAPD

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *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*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 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 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *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*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 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 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

Step 2:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET

- TRINTELLIX 5 MG TABLET

Details

Criteria	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine, and vilazodone. Step-2 Drugs: Trintellix. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.
-----------------	---

XHANCE MAPD

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Xhance. The member must have tried a 14-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

Index

A

allopurinol 100 mg tablet..... 3
allopurinol 300 mg tablet..... 3
AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 2

B

bupropion hcl 100 mg tablet 1, 2, 9, 10
bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 9, 10
bupropion hcl 75 mg tablet 1, 2, 9, 10
bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 9, 10
bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 9, 10
bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 9, 10
bupropion hcl xl 150 mg 24 hr tablet,
extended release 1, 2, 9, 10
bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 9, 10

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 8
carbidopa 10 mg-levodopa 100 mg tablet... 8
carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 8
carbidopa 18.75 mg-levodopa 75 mg-
entacapone 200 mg tablet..... 8
carbidopa 25 mg-levodopa 100 mg
disintegrating tablet..... 8
carbidopa 25 mg-levodopa 100 mg tablet... 8
carbidopa 25 mg-levodopa 100 mg-
entacapone 200 mg tablet..... 8
carbidopa 25 mg-levodopa 250 mg
disintegrating tablet..... 8
carbidopa 25 mg-levodopa 250 mg tablet... 8
carbidopa 31.25 mg-levodopa 125 mg-
entacapone 200 mg tablet..... 8
carbidopa 37.5 mg-levodopa 150 mg-
entacapone 200 mg tablet..... 8
carbidopa 50 mg-levodopa 200 mg-
entacapone 200 mg tablet..... 8
carbidopa er 25 mg-levodopa 100 mg
tablet,extended release 8

carbidopa er 50 mg-levodopa 200 mg
tablet,extended release 8
citalopram 10 mg tablet 1, 2, 9, 10
citalopram 10 mg/5 ml oral solution.. 1, 2, 9,
10

citalopram 20 mg tablet 1, 2, 9, 10
citalopram 40 mg tablet 1, 2, 9, 10

D

duloxetine 20 mg capsule,delayed release . 1,
2, 9, 10
duloxetine 30 mg capsule,delayed release . 1,
2, 9, 10
duloxetine 60 mg capsule,delayed release . 1,
2, 9, 10

E

escitalopram 10 mg tablet 1, 2, 9, 10
escitalopram 20 mg tablet 1, 2, 9, 10
escitalopram 5 mg tablet 1, 2, 9, 10
escitalopram 5 mg/5 ml oral solution. 1, 2, 9,
10

F

febuxostat 40 mg tablet..... 3
febuxostat 80 mg tablet..... 3
FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE..... 2
FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK 2
FETZIMA 20 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 40 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 80 MG CAPSULE,EXTENDED
RELEASE 2
FLUOROURACIL 0.5 % TOPICAL
CREAM 4
fluorouracil 2 % topical solution..... 4
fluorouracil 5 % topical cream..... 4
fluorouracil 5 % topical solution..... 4
fluoxetine (pmdd) 10 mg tablet.... 1, 2, 9, 10
fluoxetine (pmdd) 20 mg tablet.... 1, 2, 9, 10
fluoxetine 10 mg capsule 1, 2, 9, 10
fluoxetine 10 mg tablet 1, 2, 9, 10
fluoxetine 20 mg capsule 1, 2, 9, 10

fluoxetine 20 mg tablet 1, 2, 9, 10
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 9, 10
 fluoxetine 40 mg capsule 1, 2, 9, 10
 fluoxetine 90 mg capsule, delayed release.. 1,
 2, 9, 10
FLUTICASONE PROPIONATE 50
MCG/ACTUATION NASAL
SPRAY,SUSPENSION 7, 11
 fluvoxamine 100 mg tablet 1, 2, 9, 10
 fluvoxamine 25 mg tablet 1, 2, 9, 10
 fluvoxamine 50 mg tablet 1, 2, 9, 10
I
 imiquimod 3.75 % topical cream in a pump4
 imiquimod 3.75 % topical cream packet..... 4
 imiquimod 5 % topical cream packet..... 4
K
KLISYRI 1 % TOPICAL OINTMENT IN
PACKET 4
L
 lacosamide 10 mg/ml oral solution..... 6
 lacosamide 100 mg tablet..... 6
 lacosamide 150 mg tablet..... 6
 lacosamide 200 mg tablet..... 6
 lacosamide 200 mg/20 ml intravenous
 solution..... 6
 lacosamide 50 mg tablet..... 6
M
 metformin er 1,000 mg tablet,extended
 release 24hr (osmotic)..... 5
 metformin er 500 mg tablet,extended release
 24 hr 5
 metformin er 500 mg tablet,extended release
 24hr (osmotic)..... 5
 metformin er 750 mg tablet,extended release
 24 hr 5
 mirtazapine 15 mg disintegrating tablet. 1, 2,
 9, 10
 mirtazapine 15 mg tablet..... 1, 2, 9, 10
 mirtazapine 30 mg disintegrating tablet. 1, 2,
 9, 10
 mirtazapine 30 mg tablet..... 1, 2, 9, 10
 mirtazapine 45 mg disintegrating tablet. 1, 2,
 9, 10
 mirtazapine 45 mg tablet..... 1, 2, 9, 10
 mirtazapine 7.5 mg tablet..... 1, 2, 9, 10

MOTPOLY XR 100 MG
 CAPSULE,EXTENDED RELEASE..... 6
MOTPOLY XR 150 MG
 CAPSULE,EXTENDED RELEASE..... 6
MOTPOLY XR 200 MG
 CAPSULE,EXTENDED RELEASE..... 6
P
 paroxetine 10 mg tablet..... 1, 2, 9, 10
 paroxetine 20 mg tablet..... 1, 2, 9, 10
 paroxetine 30 mg tablet..... 1, 2, 9, 10
 paroxetine 40 mg tablet..... 1, 2, 9, 10
 paroxetine er 12.5 mg tablet,extended
 release 24 hr 1, 2, 9, 10
 paroxetine er 25 mg tablet,extended release
 24 hr 1, 2, 9, 10
 paroxetine er 37.5 mg tablet,extended
 release 24 hr 1, 2, 9, 10
R
RYALTRIS 665 MCG-25 MCG/SPRAY
NASAL SPRAY 7
RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE..... 8
RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE..... 8
RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE..... 8
RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE..... 8
S
 sertraline 100 mg tablet..... 1, 2, 9, 10
 sertraline 20 mg/ml oral concentrate.. 1, 2, 9,
 10
 sertraline 25 mg tablet..... 1, 2, 9, 10
 sertraline 50 mg tablet..... 1, 2, 9, 10
T
 trazodone 100 mg tablet..... 1, 2, 9, 10
 trazodone 150 mg tablet..... 1, 2, 9, 10
 trazodone 300 mg tablet..... 1, 2, 9, 10
 trazodone 50 mg tablet..... 1, 2, 9, 10
TRINTELLIX 10 MG TABLET 9, 10
TRINTELLIX 20 MG TABLET 9, 10
TRINTELLIX 5 MG TABLET 10
V
 venlafaxine 100 mg tablet..... 1, 2, 9, 10
 venlafaxine 25 mg tablet..... 1, 2, 9, 10
 venlafaxine 37.5 mg tablet..... 1, 2, 9, 10

venlafaxine 50 mg tablet..... 1, 2, 9, 10
venlafaxine 75 mg tablet..... 1, 2, 9, 10
venlafaxine er 150 mg capsule,extended
release 24 hr 1, 2, 9, 10
venlafaxine er 37.5 mg capsule,extended
release 24 hr 1, 2, 9, 10
venlafaxine er 75 mg capsule,extended
release 24 hr 1, 2, 9, 10

vilazodone 10 mg tablet 9, 10
vilazodone 20 mg tablet 9, 10
vilazodone 40 mg tablet 9, 10

X

XHANCE 93 MCG/ACTUATION
BREATH ACTIVATED AEROSOL ... 11