



**Plan Year 2017**

## **C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan**

### **Step Therapy Criteria (ST)**

**Step Therapy:** In some cases, C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan will then cover Drug B.

**PLEASE READ:  
THIS DOCUMENT CONTAINS INFORMATION ABOUT OUR STEP THERAPY CRITERIA.**

The COEHA has a contract with the Federal Government to provide our members with an enhanced Medicare Part D Prescription Drug Plan. Enrollment in C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan depends upon contract renewal.

# C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan

Step Therapy Criteria  
*Last Updated* 9/1/2017

## Products Affected

APLENZIN 174MG ER TAB

## Details

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Criteria Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.

**Products Affected**

APLENZIN 348MG ER TAB

**Details**

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Criteria      Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.

## **Products Affected**

APLENZIN 522MG ER TAB

## **Details**

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Criteria      Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.

**Products Affected**

ARANESP 100MCG/0.5ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 100MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 10MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 150MCG/0.3ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN



**Products Affected**

ARANESP 200MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 200MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 25MCG/0.42ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 25MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 300MCG/0.6ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 300MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 40MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 40MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN



**Products Affected**

ARANESP 500MCG/ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT or EPOGEN

**Products Affected**

ARANESP 60MCG/0.3ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARANESP 60MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCIT or EPOGEN

**Products Affected**

ARICEPT 23MG TAB

**Details**

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Criteria      Step Therapy requires trial of donepezil 10mg in previous 180 days.

**Products Affected**

BECONASE 42MCG NASAL INHALER

**Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

BESIVANCE 0.6% OPHTH SUSP

**Details**

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Criteria            Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, ofloxacin, VIGAMOX or MOXEZA in previous 180 days.

## **Products Affected**

budesonide 32mcg nasal inhaler

## **Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

darifenacin 15mg er tab

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.



**Products Affected**

darifenacin 7.5mg er tab

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

DESVENLAFAXINE 100MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

DESVENLAFAXINE 50MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

DEXILANT 30MG DR CAP

**Details**

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Criteria      Step Therapy requires trial of rabeprazole, omeprazole, lansoprazole or pantoprazole in previous 180 days.

**Products Affected**

DEXILANT 60MG DR CAP

**Details**

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Criteria      Step Therapy requires trial of rabeprazole, omeprazole, lansoprazole or pantoprazole in previous 180 days.

**Products Affected**

DIFICID 200MG TAB

**Details**

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Criteria      Step Therapy requires trial of vancomycin.

**Products Affected**

donepezil 23mg tab

**Details**

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Criteria      Step Therapy requires trial of donepezil 10mg in previous 180 days.

**Products Affected**

DULOXETINE 40MG DR CAP

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.



**Products Affected**

ENABLEX 15MG ER TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

## **Products Affected**

ENABLEX 7.5MG ER TAB

## **Details**

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Criteria	Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.
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**Products Affected**

EPINEPHRINE 1 MG/ML (0.15ML) AUTO-INJECTOR

**Details**

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Criteria            Step Therapy requires trial of EPIPEN or EPINEPHRINE 0.15MG/0.3ML AUTO-INJECTOR in previous 180 days.

**Products Affected**

EPINEPHRINE 1 MG/ML (0.3ML) AUTO-INJECTOR

**Details**

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Criteria Step Therapy requires trial of EPIPEN or EPINEPHRINE 0.15MG/0.3ML AUTO-INJECTOR in previous 180 days.

## **Products Affected**

EXTAVIA 0.3MG INJ

## **Details**

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Criteria      Step Therapy requires trial of two of the following: COPAXONE, AVONEX, or PLEGRIDY.

**Products Affected**

FETZIMA 120MG ER CAP

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

FETZIMA 20MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

FETZIMA 40MG ER CAP

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.



**Products Affected**

FETZIMA 80MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

## **Products Affected**

FETZIMA PACK

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

fluvoxamine maleate 100mg er cap

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

fluvoxamine maleate 150mg er cap

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

gatifloxacin 0.5% ophth soln

**Details**

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Criteria      Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, ofloxacin, VIGAMOX or MOXEZA in previous 180 days.

**Products Affected**

KHEDEZLA 100MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

KHEDEZLA 50MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

LEVALBUTEROL 45MCG INH

**Details**

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Criteria      Step Therapy requires trial of VENTOLIN HFA in previous 180 days.



**Products Affected**

lidocaine 5% ointment

**Details**

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Criteria      Step Therapy Requires Trial of lidocaine gel/jelly in previous 180 days.

**Products Affected**

METROGEL 1% GEL

**Details**

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Criteria      Step Therapy requires trial of FINACEA.

**Products Affected**

mometasone 50mcg nasal spray

**Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

NAMZARIC 10-21MG ER CAP

**Details**

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Criteria      Patient has tried or was intolerant to donepezil and memantine.

**Products Affected**

NAMZARIC 10-7MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to donepezil and memantine.

**Products Affected**

NAMZARIC 14-10MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to donepezil and memantine.

**Products Affected**

NAMZARIC 28-10MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to donepezil and memantine.

**Products Affected**

NAMZARIC TITRATION PACK

**Details**

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Criteria      Patient has tried or was intolerant to donepezil and memantine.



**Products Affected**

NASONEX 50MCG NASAL SPRAY

**Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

NORITATE 1% CREAM

**Details**

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Criteria      Step Therapy requires trial of FINACEA.

**Products Affected**

OMNARIS 50MCG NASAL INHALER

**Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

OXYTROL 3.9MG/24HR PATCH

**Details**

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Criteria Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

PANCREAZE 10500-25000-43750UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 16800-40000-70000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 21000-37000-61000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 2600-6200-10850UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.



**Products Affected**

PANCREAZE 4200-10000-17500UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PATADAY 0.2% OPHTH SOLN

**Details**

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Criteria      Step Therapy requires trial of generic olopatadine ophthalmic solution.

## **Products Affected**

PENTASA 250MG ER CAP

## **Details**

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Criteria      Step Therapy requires trial of one of the following ASACOL, DELZICOL or LIALDA in previous 180 days.

## **Products Affected**

PENTASA 500MG ER CAP

## **Details**

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Criteria      Step Therapy requires trial of one of the following ASACOL, DELZICOL or LIALDA in previous 180 days.

## **Products Affected**

PEXEVA 10MG TAB

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

## **Products Affected**

PEXEVA 20MG TAB

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

## **Products Affected**

PEXEVA 30MG TAB

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

PEXEVA 40MG TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.



**Products Affected**

PRISTIQ 100MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

PRISTIQ 25MG ER TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

PRISTIQ 50MG ER TAB

**Details**

---

Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

QNASL 40MCG NASAL INHALER

**Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

## **Products Affected**

QNASL 80MCG NASAL INHALER

## **Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

RYTARY 23.75-95MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of carbidopa/levodopa ER tab.

**Products Affected**

RYTARY 36.25-145MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of carbidopa/levodopa ER tab.

**Products Affected**

RYTARY 48.75-195MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of carbidopa/levodopa ER tab.



**Products Affected**

RYTARY 61.25-245MG ER CAP

**Details**

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Criteria      Step Therapy requires trial of carbidopa/levodopa ER tab.

**Products Affected**

TOVIAZ 4MG ER TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

TOVIAZ 8MG ER TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

TRINTELLIX 10MG TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

TRINTELLIX 20MG TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

TRINTELLIX 5MG TAB

**Details**

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Criteria      Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

ULORIC 40MG TAB

**Details**

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Criteria      Step Therapy requires trial of allopurinol in previous 180 days.

**Products Affected**

ULORIC 80MG TAB

**Details**

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Criteria      Step Therapy requires trial of allopurinol in previous 180 days.



**Products Affected**

URECHOLINE 10MG TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

## **Products Affected**

URECHOLINE 25MG TAB

## **Details**

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Criteria Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

URECHOLINE 50MG TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**

URECHOLINE 5MG TAB

**Details**

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Criteria      Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days. If request for bethanechol, step not required for the treatment of acute postoperative and postpartum nonobstructive (functional) urinary retention and for neurogenic atony of the urinary bladder with retention.

**Products Affected**  
VANCOCIN 125MG CAP

**Details**

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Criteria	Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease.
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**Products Affected**  
VANCOCIN 250MG CAP

**Details**

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Criteria	Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease.
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**Products Affected**

vancomycin 125mg cap

**Details**

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Criteria	Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease.
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**Products Affected**

vancomycin 250mg cap

**Details**

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Criteria	Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease.
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## **Products Affected**

VIIIBRYD 10/20MG STARTER PACK

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

VIIIBRYD 10MG TAB

**Details**

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Criteria      Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

VIIIBRYD 20MG TAB

**Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

## **Products Affected**

VIIIBRYD 40MG TAB

## **Details**

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Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

**Products Affected**

XOPENEX 45MCG INH

**Details**

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Criteria      Step Therapy requires trial of VENTOLIN HFA in previous 180 days.

**Products Affected**

ZENPEP 10000-34000-55000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 15000-51000-82000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 20000-68000-109000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.



**Products Affected**

ZENPEP 25000-85000-136000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 3000-10000-16000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 40000-136000-218000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 5000-17000-27000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

## **Products Affected**

ZETONNA 37MCG NASAL INHALER

## **Details**

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Criteria Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

**Products Affected**

ZIOPTAN 0.0015% OPHTH SOLN

**Details**

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Criteria      Step Therapy requires trial of latanoprost.

**Products Affected**

ZYMAXID 0.5% OPHTH SOLN

**Details**

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Criteria            Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, ofloxacin, VIGAMOX or MOXEZA in previous 180 days.