

Products Affected

APLENZIN 174MG ER TAB

Details

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

Products Affected

APLENZIN 348MG ER TAB

Details

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

Products Affected

APLENZIN 522MG ER TAB

Details

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

Products Affected

ARANESP 100MCG/0.5ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 100MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 10MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 150MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 200MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 200MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 25MCG/0.42ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 25MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 300MCG/0.6ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 300MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 40MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 40MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 500MCG/ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 60MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

Products Affected

ARANESP 60MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCIT, EPOGEN or RETACRIT.

Products Affected

ARICEPT 23MG TAB

Details

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

Products Affected

CRESTOR 10MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

CRESTOR 20MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

CRESTOR 40MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

CRESTOR 5MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

DETROL 1MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

DETROL 2MG ER CAP

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

DETROL 2MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

DETROL 4MG ER CAP

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

DIFICID 200MG TAB

Details

Criteria Step Therapy requires trial of generic vancomycin capsules.

Products Affected

DITROPAN 10MG XL TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

DITROPAN 5MG XL TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

donepezil 23mg tab

Details

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

Products Affected

DULOXETINE 40MG DR CAP

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

ENABLEX 15MG ER TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

ENABLEX 7.5MG ER TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

ESTRING 2MG VAGINAL RING

Details

Criteria Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.

Products Affected

FEMRING 0.05MG/24HR VAGINAL RING

Details

Criteria Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.

Products Affected

FEMRING 0.1MG/24HR VAGINAL RING

Details

Criteria Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.

Products Affected

FETZIMA 120MG ER CAP

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

FETZIMA 20MG ER CAP

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

FETZIMA 40MG ER CAP

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

FETZIMA 80MG ER CAP

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

FETZIMA PACK

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

fluvoxamine maleate 100mg er cap

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

fluvoxamine maleate 150mg er cap

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

GELNIQUE 10% GEL

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

LESCOL 80MG XL TAB

Details

Criteria	Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.
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Products Affected

LEVALBUTEROL 45MCG INH

Details

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

Products Affected

LIPITOR 10MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIPITOR 20MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIPITOR 40MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIPITOR 80MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIVALO 1MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIVALO 2MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

LIVALO 4MG TAB

Details

Criteria	Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.
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Products Affected

LONHALA 0.0025% INH SOLN

Details

Criteria Step Therapy requires trial of INCRUSE.

Products Affected

NAMZARIC 10-21MG ER CAP

Details

Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

Products Affected

NAMZARIC 10-7MG ER CAP

Details

Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

Products Affected

NAMZARIC 14-10MG ER CAP

Details

Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

Products Affected

NAMZARIC 28-10MG ER CAP

Details

Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

Products Affected

NAMZARIC TITRATION PACK

Details

Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

Products Affected

OXYTROL 3.9MG/24HR PATCH

Details

Criteria Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Myrbetriq in previous 180 days.

Products Affected

PANCREAZE 10500-25000-43750UNIT DR CAP

Details

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

Products Affected

PANCREAZE 16800-40000-70000UNIT DR CAP

Details

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

Products Affected

PANCREAZE 21000-37000-61000UNIT DR CAP

Details

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

Products Affected

PANCREAZE 2600-6200-10850UNIT DR CAP

Details

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

Products Affected

PANCREAZE 4200-10000-17500UNIT DR CAP

Details

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

Products Affected

PERTZYE 16000-57500-60500UNIT DR CAP

Details

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

Products Affected

PERTZYE 4000-14375-15125UNIT DR CAP

Details

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

Products Affected

PERTZYE 8000-28750-30250UNIT DR CAP

Details

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

Products Affected

PRAVACHOL 20MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

PRAVACHOL 40MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

PRAVACHOL 80MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

PRISTIQ 100MG 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

PRISTIQ 25MG 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

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

SPIRIVA 1.25MCG RESPIMAT INH

Details

Criteria Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL.

Products Affected

SYMPAZAN 10MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected
SYMPAZAN 20MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected
SYMPAZAN 5MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected

TRINTELLIX 10MG 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

TRINTELLIX 20MG 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

TRINTELLIX 5MG 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

ULORIC 40MG TAB

Details

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

Products Affected

ULORIC 80MG TAB

Details

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

Products Affected

VIIBRYD 10/20MG STARTER PACK

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

VIIIBRYD 10MG 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

VIIIBRYD 20MG 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

VIIIBRYD 40MG 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

XOPENEX 45MCG INH

Details

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

Products Affected

ZENPEP 10000-32000-42000UNIT DR CAP

Details

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

Products Affected

ZENPEP 15000-47000-63000UNIT DR CAP

Details

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

Products Affected

ZENPEP 20000-63000-84000UNIT DR CAP

Details

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

Products Affected

ZENPEP 25000-79000-105000UNIT DR CAP

Details

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

Products Affected

ZENPEP 3000-10000-14000UNIT DR CAP

Details

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

Products Affected

ZENPEP 40000-126000-168000UNIT DR CAP

Details

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

Products Affected

ZENPEP 5000-17000-24000UNIT DR CAP

Details

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

Products Affected

ZIOPTAN 0.0015% OPHTH SOLN

Details

Criteria Step Therapy requires trial of generic latanoprost in previous 180 days.

Products Affected

ZOCOR 10MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

ZOCOR 20MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

ZOCOR 40MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.

Products Affected

ZOCOR 80MG TAB

Details

Criteria Step Therapy requires trial of one (1) generic formulary statin in previous 180 days.