

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EGWP ENHANCED

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *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 40 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 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 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *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 150 mg tablet, extended release 24 hr*
- *venlafaxine er 225 mg tablet, extended release 24 hr*

- *venlafaxine er 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 37.5 mg tablet,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg tablet,extended release 24 hr*

Step 2:

- 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
- PAXIL 10 MG/5 ML ORAL
SUSPENSION
- VIIBRYD 10 MG (7)-20 MG (23)
TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension and Viibryd. 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 180 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 may receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.</p>
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APIDRA PDP EGWP ENHANCED

Products Affected

Step 1:

- HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN
- HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

Step 2:

- APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

Details

Criteria	Step-1 Drug: Humalog. Step-2 Drugs: Apidra and Apidra Solostar. 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.
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ASTHMA PDP EGWP ENHANCED

Products Affected

Step 1:

- ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER

Step 2:

- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, Flovent Diskus and Flovent HFA. Step-2 Drugs: Asmanex, Pulmicort Flexhaler and Qvar. 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 drugs are not covered unless the above step therapy criteria are met.
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BISPHOSPHONATE PDP EGWP ENHANCED

Products Affected

Step 1:

- *alendronate 10 mg tablet*
- *alendronate 35 mg tablet*
- *alendronate 70 mg tablet*
- *alendronate 70 mg/75 ml oral solution*
- *ibandronate 150 mg 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 35 mg tablet, delayed release*
- *risedronate 5 mg tablet*

Step 2:

- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET

Details

Criteria	Step-1 Drugs: alendronate sodium, ibandronate sodium tablets and risedronate sodium. Step-2 Drug: Fosamax Plus D. 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.
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CRESTOR PDP EGWP ENHANCED

Products Affected

Step 1:

- *atorvastatin 10 mg tablet*
- *atorvastatin 20 mg tablet*
- *atorvastatin 40 mg tablet*
- *atorvastatin 80 mg tablet*
- *fluvastatin 20 mg capsule*
- *fluvastatin 40 mg capsule*
- *fluvastatin er 80 mg tablet, extended release 24 hr*
- *lovastatin 10 mg tablet*
- *lovastatin 20 mg tablet*
- *lovastatin 40 mg tablet*
- *pravastatin 10 mg tablet*
- *pravastatin 20 mg tablet*
- *pravastatin 40 mg tablet*
- *pravastatin 80 mg tablet*
- *rosuvastatin 10 mg tablet*
- *rosuvastatin 20 mg tablet*
- *rosuvastatin 40 mg tablet*
- *rosuvastatin 5 mg tablet*
- *simvastatin 10 mg tablet*
- *simvastatin 20 mg tablet*
- *simvastatin 40 mg tablet*
- *simvastatin 5 mg tablet*
- *simvastatin 80 mg tablet*

Step 2:

- CRESTOR 10 MG TABLET
- CRESTOR 20 MG TABLET
- CRESTOR 40 MG TABLET
- CRESTOR 5 MG TABLET

Details

Criteria
Step-1 Drugs: generic formulary statins. Step-2 Drug: Crestor. 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 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.

CYMBALTA/TRINTELLIX PDP EGWP ENHANCED

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *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 40 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 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 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *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 150 mg tablet, extended release 24 hr*
- *venlafaxine er 225 mg tablet, extended release 24 hr*

- *venlafaxine er 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 37.5 mg tablet,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg tablet,extended release 24 hr*

Step 2:

- CYMBALTA 20 MG
CAPSULE,DELAYED RELEASE
- CYMBALTA 30 MG
CAPSULE,DELAYED RELEASE
- CYMBALTA 60 MG
CAPSULE,DELAYED RELEASE
- 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 and venlafaxine. Step-2 Drugs: Cymbalta and 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 180 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 may receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.
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DIPENTUM PDP EGWP ENHANCED

Products Affected

Step 1:

- *balsalazide 750 mg capsule*
- *mesalamine 1.2 gram tablet, delayed release*
- *mesalamine 400 mg capsule (with delayed release tablets inside)*
- *mesalamine 800 mg tablet, delayed release*
- *mesalamine er 0.375 gram capsule, extended release 24 hr*
- PENTASA 250 MG CAPSULE, CONTROLLED RELEASE
- PENTASA 500 MG CAPSULE, CONTROLLED RELEASE
- *sulfasalazine 500 mg tablet*
- *sulfasalazine 500 mg tablet, delayed release*

Step 2:

- DIPENTUM 250 MG CAPSULE

Details

Criteria	Step-1 Drugs: balsalazide, mesalamine DR, mesalamine ER Pentasa, and sulfasalazine. Step-2 Drug: Dipentum. 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 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.
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DPP-4 PDP EGWP ENHANCED

Products Affected

Step 1:

- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRADJENTA 5 MG TABLET

Step 2:

- KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE
- ONGLYZA 2.5 MG TABLET
- ONGLYZA 5 MG TABLET

Details

Criteria	Step-1 Drugs: Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR and Tradjenta. Step-2 Drugs: Kombiglyze XR and Onglyza. 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 drugs are not covered unless the above step therapy criteria are met.
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GLAUCOMA PDP EGWP ENHANCED

Products Affected

Step 1:

- ALPHAGAN P 0.1 % EYE DROPS
- *bimatoprost 0.03 % eye drops*
- *brimonidine 0.15 % eye drops*
- *brimonidine 0.2 % eye drops*
- *carteolol 1 % eye drops*
- COMBIGAN 0.2 %-0.5 % EYE DROPS
- *dorzolamide 2 % eye drops*
- *dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops*
- *dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette*
- *latanoprost 0.005 % eye drops*
- *levobunolol 0.5 % eye drops*
- LUMIGAN 0.01 % EYE DROPS
- *pilocarpine 1 % eye drops*
- *pilocarpine 2 % eye drops*
- *pilocarpine 4 % eye drops*
- *timolol maleate 0.25 % eye drops*
- *timolol maleate 0.25 % eye gel forming solution*
- *timolol maleate 0.5 % eye drops*
- *timolol maleate 0.5 % eye gel forming solution*
- *timolol maleate 0.5 % once daily eye drops*
- TRAVATAN Z 0.004 % EYE DROPS
- *travoprost 0.004 % eye drops*

Step 2:

- RHOPRESSA 0.02 % EYE DROPS
- ROCKLATAN 0.02 %-0.005 % EYE DROPS

Details

Criteria	<p>Step-1 Drugs: Alphagan P, Azopt, betaxolol, bimatoprost, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, dorzolamide/timolol PF, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, timolol ophthalmic gel forming solution, travoprost, Travatan Z.</p> <p>Step-2 Drugs: Rocklatan, Rhopressa. 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 drugs are not covered unless the above step therapy criteria are met.</p>
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GLUMETZA PDP EGWP ENHANCED

Products Affected

Step 1:

- *metformin er 1,000 mg tablet, extended release 24hr*
- *metformin er 500 mg tablet, extended release 24 hr*
- *metformin er 500 mg tablet, extended release 24hr*
- *metformin er 750 mg tablet, extended release 24 hr*

Step 2:

- GLUMETZA 1,000 MG TABLET, EXTENDED RELEASE
- GLUMETZA 500 MG TABLET, EXTENDED RELEASE
- *metformin er 1,000 mg 24 hr tablet, extended release*
- *metformin er 500 mg 24 hr tablet, extended release*

Details

Criteria	<p>Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drugs: Glumetza and metformin ER 500mg, 1000mg tablets (generic Glumetza). The member must have tried a 30 day supply or more of both generic Glucophage XR AND generic Fortamet within the previous 180 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.</p>
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INJECTABLE DIABETIC COMBINATIONS PDP EGWP ENHANCED

Products Affected

Step 1:

- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR
- HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP
- OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- RYBELSUS 14 MG TABLET
- RYBELSUS 3 MG TABLET
- RYBELSUS 7 MG TABLET
- TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN
- 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
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR

Step 2:

- SOLIQUA 100/33 100 UNIT-33
MCG/ML SUBCUTANEOUS INSULIN
PEN

- XULTOPHY 100/3.6 100 UNIT-3.6
MG/ML (3 ML) SUBCUTANEOUS
INSULIN PEN

Details

Criteria	Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drugs: Soliqua and Xultophy. The member must have tried a 30 day supply or more of any 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.
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INSULIN PDP EGWP ENHANCED

Products Affected

Step 1:

- HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN
- HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION
- HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS
- HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN

Step 2:

- 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 FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP
- NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION 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 SOLUTION
100 UNIT/ML SUBCUTANEOUS

Details

Criteria	Step-1 Drugs: Humalog, Humalog Mix, Humulin and Humulin 70/30. Step-2 Drugs: Novolog, Novolog Mix, Novolin and Novolin 70/30. 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 drugs are not covered unless the above step therapy criteria are met.
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RYTARY PDP EGWP ENHANCED

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.
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TRIPTAN PDP EGWP ENHANCED

Products Affected

Step 1:

- *naratriptan 1 mg tablet*
- *naratriptan 2.5 mg tablet*
- *rizatriptan 10 mg disintegrating tablet*
- *rizatriptan 10 mg tablet*
- *rizatriptan 5 mg disintegrating tablet*
- *rizatriptan 5 mg tablet*
- *sumatriptan 100 mg tablet*
- *sumatriptan 20 mg/actuation nasal spray*
- *sumatriptan 25 mg tablet*
- *sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 4 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 5 mg/actuation nasal spray*
- *sumatriptan 50 mg tablet*
- *sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 6 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 6 mg/0.5 ml subcutaneous solution*
- *sumatriptan 6 mg/0.5 ml subcutaneous syringe*

Step 2:

- *almotriptan malate 12.5 mg tablet*
- *almotriptan malate 6.25 mg tablet*
- *eletriptan 20 mg tablet*
- *eletriptan 40 mg tablet*
- **FROVA 2.5 MG TABLET**
- *frovatriptan 2.5 mg tablet*

Details

Criteria	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan, frovatriptan and Frova. 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 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.
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ULORIC PDP EGWP ENHANCED

Products Affected

Step 1:

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

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria
Step-1 Drug: allopurinol. Step-2 Drug: Uloric, 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 may 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).

XHANCE PDP EGWP ENHANCED

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 Drugs: fluticasone propionate nasal spray. Step-2 Drugs: Xhance. The member must have tried a 30 day supply or more of one Step-1 drugs 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.
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