

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP SECURE

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 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 20 mg capsule
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- 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
- 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:

- 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	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.
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FEBUXOSTAT PDP SECURE

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 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).
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GLAUCOMA PDP SECURE

Products Affected

Step 1:

- Alphagan P 0.1 % 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
- latanoprost 0.005 % eye drops
- levobunolol 0.5 % eye drops
- Lumigan 0.01 % eye drops
- timolol maleate 0.25 % eye drops
- timolol maleate 0.5 % eye drops
- travoprost 0.004 % eye drops

Step 2:

- Rhopressa 0.02 % eye drops
- Rocklatan 0.02 %-0.005 % eye drops

Details

Criteria	Step-1 Drugs: Alphagan P, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, timolol, travoprost. 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.
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INJECTABLE DIABETIC COMBINATIONS PDP SECURE

Products Affected

Step 1:

- Bydureon 2 mg/0.65 mL subcutaneous pen injector
- Bydureon BCise 2 mg/0.85 mL subcutaneous auto-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
- 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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RYTARY PDP SECURE

Products Affected

Step 1:

- carbidopa 10 mg-levodopa 100 mg disintegrating tablet
- carbidopa 10 mg-levodopa 100 mg tablet
- carbidopa 25 mg-levodopa 100 mg disintegrating tablet
- carbidopa 25 mg-levodopa 100 mg tablet
- carbidopa 25 mg-levodopa 250 mg disintegrating tablet
- carbidopa 25 mg-levodopa 250 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, and carbidopa/levodopa ODT. 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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TRINTELLIX PDP SECURE

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 60 mg capsule, delayed release
- escitalopram 10 mg tablet
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- fluoxetine 10 mg capsule
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- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
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- trazodone 100 mg tablet
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- 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:

- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet

Details

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drug: 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 drug is 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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