

# ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS MAPD

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## 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:**

- 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

**Details**

<b>Criteria</b>	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension. 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 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 MAPD

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## Products Affected

### Step 1:

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

### Step 2:

- FEBUXOSTAT 40 MG TABLET
- FEBUXOSTAT 80 MG TABLET

## Details

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Criteria	PENDING CMS REVIEW
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# GLAUCOMA MAPD

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## 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*
- *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
- *travoprost 0.004 % eye drops*

### Step 2:

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

## Details

<b>Criteria</b>	Step-1 Drugs: Alphagan P, bimatoprost, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, pilocarpine, timolol and 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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# 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

<b>Criteria</b>	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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# TRINTELLIX/VIIBRYD MAPD

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## 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*
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- *mirtazapine 15 mg disintegrating tablet*
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- *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*
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- *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:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

- 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**

<b>Criteria</b>	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Trintellix, Viibryd. 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 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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# XHANCE MAPD

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## Products Affected

### Step 1:

- *fluticasone propionate 50 mcg/actuation nasal spray, suspension*

### Step 2:

- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

## Details

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<b>Criteria</b>	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Xhance. 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.
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