

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EXTRA

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 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 10 mg/5 ml oral suspension*
- *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

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine tablets, paroxetine suspension, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Fetzima and 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.</p>
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FEBUXOSTAT PDP EXTRA

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 will 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 EXTRA

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 0.25 % 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

Criteria	<p>Step-1 Drugs: Alphagan P, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, 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.</p>
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KLISYRI PDP EXTRA

Products Affected

Step 1:

- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 5 % topical cream packet*

Step 2:

- KLISYRI 1 % TOPICAL OINTMENT IN PACKET

Details

Criteria	Step-1 Drugs: imiquimod 5% cream, fluorouracil 5% solution, fluorouracil 2% solution, fluorouracil 5% cream. Step-2 Drug: Klisyri. 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 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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OVERACTIVE BLADDER PDP EXTRA

Products Affected

Step 1:

- *oxybutynin chloride 5 mg tablet*
- *oxybutynin chloride 5 mg/5 ml oral syrup*
- *oxybutynin chloride er 10 mg tablet, extended release 24 hr*
- *oxybutynin chloride er 15 mg tablet, extended release 24 hr*
- *oxybutynin chloride er 5 mg tablet, extended release 24 hr*
- *tolterodine 1 mg tablet*
- *tolterodine 2 mg tablet*

Step 2:

- *tolterodine er 2 mg capsule, extended release 24 hr*
- *tolterodine er 4 mg capsule, extended release 24 hr*

Details

Criteria	Step-1 Drugs: oxybutynin IR, oxybutynin ER, oxybutynin oral solution and tolderodine IR. Step-2 Drug: tolderodine ER. 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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RYTARY PDP EXTRA

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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TRINTELLIX/VIIBRYD PDP EXTRA

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 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:

- 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

Criteria	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.
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Index

A

allopurinol 100 mg tablet 3
allopurinol 300 mg tablet 3
ALPHAGAN P 0.1 % EYE DROPS 4

B

brimonidine 0.15 % eye drops 4
brimonidine 0.2 % eye drops 4
bupropion hcl 100 mg tablet 1, 2, 8, 9
bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 8, 9
bupropion hcl 75 mg tablet 1, 2, 8, 9
bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 8, 9
bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 8, 9
bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 8, 9
bupropion hcl xl 150 mg 24 hr tablet,
extended release 1, 2, 8, 9
bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 8, 9

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 7
carbidopa 10 mg-levodopa 100 mg tablet... 7
carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 7
carbidopa 18.75 mg-levodopa 75 mg-
entacapone 200 mg tablet..... 7
carbidopa 25 mg-levodopa 100 mg
disintegrating tablet..... 7
carbidopa 25 mg-levodopa 100 mg tablet... 7
carbidopa 25 mg-levodopa 100 mg-
entacapone 200 mg tablet..... 7
carbidopa 25 mg-levodopa 250 mg
disintegrating tablet..... 7
carbidopa 25 mg-levodopa 250 mg tablet... 7
carbidopa 31.25 mg-levodopa 125 mg-
entacapone 200 mg tablet..... 7
carbidopa 37.5 mg-levodopa 150 mg-
entacapone 200 mg tablet..... 7
carbidopa 50 mg-levodopa 200 mg-
entacapone 200 mg tablet..... 7

carbidopa er 25 mg-levodopa 100 mg
tablet,extended release 7
carbidopa er 50 mg-levodopa 200 mg
tablet,extended release 7
carteolol 1 % eye drops 4
citalopram 10 mg tablet 1, 2, 8, 9
citalopram 10 mg/5 ml oral solution 1, 2, 8, 9
citalopram 20 mg tablet 1, 2, 8, 9
citalopram 40 mg tablet 1, 2, 8, 9
COMBIGAN 0.2 %-0.5 % EYE DROPS ... 4

D

dorzolamide 2 % eye drops..... 4
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye
drops..... 4
duloxetine 20 mg capsule,delayed release . 1,
2, 8, 9
duloxetine 30 mg capsule,delayed release . 1,
2, 8, 9
duloxetine 60 mg capsule,delayed release . 1,
2, 8, 9

E

escitalopram 10 mg tablet 1, 2, 8, 9
escitalopram 20 mg tablet 1, 2, 8, 9
escitalopram 5 mg tablet 1, 2, 8, 9
escitalopram 5 mg/5 ml oral solution. 1, 2, 8,
9

F

febuxostat 40 mg tablet..... 3
febuxostat 80 mg tablet..... 3
FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE.. 1, 2
FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK..... 1, 2
FETZIMA 20 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 40 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 80 MG CAPSULE,EXTENDED
RELEASE 2
fluorouracil 2 % topical solution..... 5
fluorouracil 5 % topical cream..... 5
fluorouracil 5 % topical solution..... 5
fluoxetine 10 mg capsule 1, 2, 8, 9

fluoxetine 20 mg capsule 1, 2, 8, 9
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 8, 9
 fluoxetine 40 mg capsule 1, 2, 8, 9
 fluvoxamine 100 mg tablet 1, 2, 8, 9
 fluvoxamine 25 mg tablet 1, 2, 8, 9
 fluvoxamine 50 mg tablet 1, 2, 8, 9

I

imiquimod 5 % topical cream packet..... 5

K

KLISYRI 1 % TOPICAL OINTMENT IN
 PACKET 5

L

latanoprost 0.005 % eye drops 4
 levobunolol 0.5 % eye drops..... 4
 LUMIGAN 0.01 % EYE DROPS..... 4

M

mirtazapine 15 mg disintegrating tablet. 1, 2,
 8, 9
 mirtazapine 15 mg tablet..... 1, 2, 8, 9
 mirtazapine 30 mg disintegrating tablet. 1, 2,
 8, 9
 mirtazapine 30 mg tablet..... 1, 2, 8, 9
 mirtazapine 45 mg disintegrating tablet. 1, 2,
 8, 9
 mirtazapine 45 mg tablet..... 1, 2, 8, 9
 mirtazapine 7.5 mg tablet..... 1, 2, 8, 9

O

oxybutynin chloride 5 mg tablet 6
 oxybutynin chloride 5 mg/5 ml oral syrup.. 6
 oxybutynin chloride er 10 mg
 tablet,extended release 24 hr 6
 oxybutynin chloride er 15 mg
 tablet,extended release 24 hr 6
 oxybutynin chloride er 5 mg tablet,extended
 release 24 hr 6

P

paroxetine 10 mg tablet..... 1, 2, 8, 9
 paroxetine 10 mg/5 ml oral suspension .. 1, 2
 paroxetine 20 mg tablet..... 1, 2, 8, 9
 paroxetine 30 mg tablet..... 1, 2, 8, 9
 paroxetine 40 mg tablet..... 1, 2, 8, 9
 PAXIL 10 MG/5 ML ORAL SUSPENSION
 2

R

RHOPRESSA 0.02 % EYE DROPS 4

ROCKLATAN 0.02 %-0.005 % EYE
 DROPS..... 4

RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE 7

RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE 7

RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE 7

RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE 7

S

sertraline 100 mg tablet..... 1, 2, 8, 9
 sertraline 20 mg/ml oral concentrate1, 2, 8, 9
 sertraline 25 mg tablet..... 1, 2, 8, 9
 sertraline 50 mg tablet..... 1, 2, 8, 9

T

timolol maleate 0.25 % eye drops..... 4
 timolol maleate 0.25 % eye gel forming
 solution..... 4

timolol maleate 0.5 % eye drops..... 4
 timolol maleate 0.5 % eye gel forming
 solution..... 4

tolterodine 1 mg tablet 6
 tolterodine 2 mg tablet 6

tolterodine er 2 mg capsule,extended release
 24 hr 6

tolterodine er 4 mg capsule,extended release
 24 hr 6

travoprost 0.004 % eye drops..... 4
 trazodone 100 mg tablet..... 1, 2, 8, 9

trazodone 150 mg tablet..... 1, 2, 8, 9
 trazodone 300 mg tablet..... 1, 2, 8, 9

trazodone 50 mg tablet..... 1, 2, 8, 9
 TRINTELLIX 10 MG TABLET 8, 9

TRINTELLIX 20 MG TABLET 8, 9
 TRINTELLIX 5 MG TABLET 8, 9

V

venlafaxine 100 mg tablet..... 1, 2, 8, 9
 venlafaxine 25 mg tablet..... 1, 2, 8, 9

venlafaxine 37.5 mg tablet..... 1, 2, 8, 9
 venlafaxine 50 mg tablet..... 1, 2, 8, 9

venlafaxine 75 mg tablet..... 1, 2, 8, 9
 venlafaxine er 150 mg capsule,extended
 release 24 hr 1, 2, 8, 9

venlafaxine er 37.5 mg capsule,extended
 release 24 hr 1, 2, 8, 9

venlafaxine er 75 mg capsule,extended
release 24 hr 1, 2, 8, 9
VIIBRYD 10 MG (7)-20 MG (23)
TABLETS IN A DOSE PACK..... 8, 9

VIIBRYD 10 MG TABLET 8, 9
VIIBRYD 20 MG TABLET 8, 9
VIIBRYD 40 MG TABLET 8, 9