

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EGWP STANDARD

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 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 (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 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

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. For 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 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. For Viibryd, only one Step-1 drug is required. 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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ANTI-INFLAMMATORY/BETA AGONIST COMBINATIONS EGWP STANDARD

Products Affected

Step 1:

- ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER
- BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION
- *fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *wixela inhub 100 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 250 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 500 mcg-50 mcg/dose powder for inhalation*

Step 2:

- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	Step-1 Drug: Breo Ellipta, Advair HFA, Wixela Inhub, fluticasone/salmeterol diskus Step-2 Drugs: Dulera. 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.
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ASTHMA PDP EGWP STANDARD

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
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, Flovent Diskus and Flovent HFA. Step-2 Drugs: Asmanex 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 STANDARD

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 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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DIPENTUM PDP EGWP STANDARD

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.

FEBUXOSTAT PDP EGWP STANDARD

Products Affected

Step 1:

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

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

Criteria	PENDING CMS REVIEW
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GLAUCOMA PDP EGWP STANDARD

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, 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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INHALED LAMA/LABA COMBO PRODUCTS EGWP STANDARD

Products Affected

Step 1:

- ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION

Step 2:

- STIOLTO RESPIMAT 2.5 MCG-2.5
MCG/ACTUATION SOLUTION FOR
INHALATION

Details

Criteria	Step-1 Drug: Anoro Ellipta Step-2 Drug: Stiolto. 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.
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INHALED LONG ACTING MUSCARINIC ANTAGONISTS EGWP STANDARD

Products Affected

Step 1:

- INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION

Step 2:

- SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

Details

Criteria	Step-1 Drug: Incruse Ellipta Step-2 Drugs: Spiriva and Spiriva Respimat. 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.
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METFORMIN ER (GENERIC FOR GLUMETZA) PDP EGWP STANDARD

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:

- *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 Drug: metformin ER 500mg and 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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RYTARY PDP EGWP STANDARD

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 EGWP STANDARD

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 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 (pmdd) 10 mg tablet*
- *fluoxetine (pmdd) 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 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:

- 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, Viibrdy. 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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TRIPATAN PDP EGWP STANDARD

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*
- *frovatriptan 2.5 mg tablet*

Details

Criteria	
	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan and frovatriptan. 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 drugs are not covered unless the above step therapy criteria are met.

XHANCE PDP EGWP STANDARD

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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carbidopa 18.75 mg-levodopa 75 mg- entacapone 200 mg tablet.....	12
carbidopa 25 mg-levodopa 100 mg disintegrating tablet.....	12

carbidopa 25 mg-levodopa 100 mg tablet.	12
carbidopa 25 mg-levodopa 100 mg- entacapone 200 mg tablet.....	12
carbidopa 25 mg-levodopa 250 mg disintegrating tablet.....	12
carbidopa 25 mg-levodopa 250 mg tablet.	12
carbidopa 31.25 mg-levodopa 125 mg- entacapone 200 mg tablet.....	12
carbidopa 37.5 mg-levodopa 150 mg- entacapone 200 mg tablet.....	12
carbidopa 50 mg-levodopa 200 mg- entacapone 200 mg tablet.....	12
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	12
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	12
carteolol 1 % eye drops.....	8
citalopram 10 mg tablet	1, 2, 13, 14
citalopram 10 mg/5 ml oral solution	1, 2, 13, 14
citalopram 20 mg tablet	1, 2, 13, 14
citalopram 40 mg tablet	1, 2, 13, 14
COMBIGAN 0.2 %-0.5 % EYE DROPS ...	8
D	
DIPENTUM 250 MG CAPSULE.....	6
dorzolamide 2 % eye drops.....	8
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops.....	8
dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette.....	8
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER.....	3
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER.....	3
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER.....	3
duloxetine 20 mg capsule,delayed release .	1, 2, 13, 14
duloxetine 30 mg capsule,delayed release .	1, 2, 13, 14
duloxetine 40 mg capsule,delayed release .	1, 2, 13, 14
duloxetine 60 mg capsule,delayed release .	1, 2, 13, 14
E	
eletriptan 20 mg tablet	15

eletriptan 40 mg tablet	15
escitalopram 10 mg tablet	1, 2, 13, 14
escitalopram 20 mg tablet	1, 2, 13, 14
escitalopram 5 mg tablet	1, 2, 13, 14
escitalopram 5 mg/5 ml oral solution	1, 2, 13, 14
F	
febuxostat 40 mg tablet.....	7
febuxostat 80 mg tablet.....	7
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	2
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	2
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	2
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	2
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE	2
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION.....	4
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION.....	4
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION.....	4
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER.....	4
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER.....	4
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER.....	4
fluoxetine (pmd) 10 mg tablet... 1, 2, 13, 14	
fluoxetine (pmd) 20 mg tablet... 1, 2, 13, 14	
fluoxetine 10 mg capsule	1, 2, 13, 14
fluoxetine 10 mg tablet	1, 2, 13, 14
fluoxetine 20 mg capsule	1, 2, 13, 14
fluoxetine 20 mg tablet	1, 2, 13, 14
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution.....	1, 2, 13, 14
fluoxetine 40 mg capsule	1, 2, 13, 14
fluoxetine 60 mg tablet	1, 2, 13, 14

fluoxetine 90 mg capsule, delayed release.. 1,
 2, 13, 14
 fluticasone 100 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 250 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 500 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone propionate 50 mcg/actuation
 nasal spray, suspension 16
 fluvoxamine 100 mg tablet 1, 2, 13, 14
 fluvoxamine 25 mg tablet 1, 2, 13, 14
 fluvoxamine 50 mg tablet 1, 2, 13, 14
 fluvoxamine er 100 mg capsule, extended
 release 24 hr 1, 2, 13, 14
 fluvoxamine er 150 mg capsule, extended
 release 24 hr 1, 2, 13, 14
FOSAMAX PLUS D 70 MG-2,800 UNIT
TABLET 5
FOSAMAX PLUS D 70 MG-5,600 UNIT
TABLET 5
 frovatriptan 2.5 mg tablet..... 15
I
 ibandronate 150 mg tablet..... 5
INCRUSE ELLIPTA 62.5
MCG/ACTUATION POWDER FOR
INHALATION..... 10
L
 latanoprost 0.005 % eye drops 8
 levobunolol 0.5 % eye drops..... 8
LUMIGAN 0.01 % EYE DROPS..... 8
M
 mesalamine 1.2 gram tablet, delayed release 6
 mesalamine 400 mg capsule (with delayed
 release tablets inside) 6
 mesalamine 800 mg tablet, delayed release . 6
 mesalamine er 0.375 gram capsule, extended
 release 24 hr 6
 metformin er 1,000 mg 24 hr tablet, extended
 release 11
 metformin er 1,000 mg tablet, extended
 release 24hr 11
 metformin er 500 mg 24 hr tablet, extended
 release 11
 metformin er 500 mg tablet, extended release
 24 hr 11

metformin er 500 mg tablet, extended release
 24hr 11
 metformin er 750 mg tablet, extended release
 24 hr 11
 mirtazapine 15 mg disintegrating tablet. 1, 2,
 13, 14
 mirtazapine 15 mg tablet..... 1, 2, 13, 14
 mirtazapine 30 mg disintegrating tablet. 1, 2,
 13, 14
 mirtazapine 30 mg tablet..... 1, 2, 13, 14
 mirtazapine 45 mg disintegrating tablet. 1, 2,
 13, 14
 mirtazapine 45 mg tablet..... 1, 2, 13, 14
 mirtazapine 7.5 mg tablet..... 1, 2, 13, 14
N
 naratriptan 1 mg tablet 15
 naratriptan 2.5 mg tablet 15
P
 paroxetine 10 mg tablet..... 1, 2, 13, 14
 paroxetine 20 mg tablet..... 1, 2, 13, 14
 paroxetine 30 mg tablet..... 1, 2, 13, 14
 paroxetine 40 mg tablet..... 1, 2, 13, 14
 paroxetine er 12.5 mg tablet, extended
 release 24 hr 1, 2, 13, 14
 paroxetine er 25 mg tablet, extended release
 24 hr 1, 2, 13, 14
 paroxetine er 37.5 mg tablet, extended
 release 24 hr 1, 2, 13, 14
PAXIL 10 MG/5 ML ORAL SUSPENSION
 2
PENTASA 250 MG
CAPSULE, CONTROLLED RELEASE. 6
PENTASA 500 MG
CAPSULE, CONTROLLED RELEASE. 6
 pilocarpine 1 % eye drops..... 8
 pilocarpine 2 % eye drops..... 8
 pilocarpine 4 % eye drops..... 8
Q
QVAR REDHALER 40
MCG/ACTUATION HFA BREATH
ACTIVATED AEROSOL 4
QVAR REDHALER 80
MCG/ACTUATION HFA BREATH
ACTIVATED AEROSOL 4
R
RHOPRESSA 0.02 % EYE DROPS 8

risedronate 150 mg tablet..... 5
 risedronate 30 mg tablet..... 5
 risedronate 35 mg tablet..... 5
 risedronate 35 mg tablet (12 pack)..... 5
 risedronate 35 mg tablet (4 pack)..... 5
 risedronate 35 mg tablet,delayed release 5
 risedronate 5 mg tablet..... 5
 rizatriptan 10 mg disintegrating tablet 15
 rizatriptan 10 mg tablet 15
 rizatriptan 5 mg disintegrating tablet 15
 rizatriptan 5 mg tablet 15
**ROCKLATAN 0.02 %-0.005 % EYE
 DROPS..... 8**
**RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE.... 12**
**RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE.... 12**
**RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE.... 12**
**RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE.... 12**
S
 sertraline 100 mg tablet..... 1, 2, 13, 14
 sertraline 20 mg/ml oral concentrate 1, 2, 13,
 14
 sertraline 25 mg tablet..... 1, 2, 13, 14
 sertraline 50 mg tablet..... 1, 2, 13, 14
**SPIRIVA RESPIMAT 1.25
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10**
**SPIRIVA RESPIMAT 2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10**
**SPIRIVA WITH HANDIHALER 18 MCG
 AND INHALATION CAPSULES 10**
**STIOLTO RESPIMAT 2.5 MCG-2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 9**
 sulfasalazine 500 mg tablet..... 6
 sulfasalazine 500 mg tablet,delayed release 6
 sumatriptan 100 mg tablet..... 15
 sumatriptan 20 mg/actuation nasal spray.. 15
 sumatriptan 25 mg tablet..... 15
 sumatriptan 4 mg/0.5 ml subcutaneous
 cartridge (refill)..... 15

sumatriptan 4 mg/0.5 ml subcutaneous pen
 injector 15
 sumatriptan 5 mg/actuation nasal spray 15
 sumatriptan 50 mg tablet..... 15
 sumatriptan 6 mg/0.5 ml subcutaneous
 cartridge (refill)..... 15
 sumatriptan 6 mg/0.5 ml subcutaneous pen
 injector 15
 sumatriptan 6 mg/0.5 ml subcutaneous
 solution..... 15
 sumatriptan 6 mg/0.5 ml subcutaneous
 syringe..... 15
T
 timolol maleate 0.25 % eye drops..... 8
 timolol maleate 0.25 % eye gel forming
 solution..... 8
 timolol maleate 0.5 % eye drops..... 8
 timolol maleate 0.5 % eye gel forming
 solution..... 8
 timolol maleate 0.5 % once daily eye drops 8
TRAVATAN Z 0.004 % EYE DROPS 8
 travoprost 0.004 % eye drops..... 8
 trazodone 100 mg tablet..... 1, 2, 13, 14
 trazodone 150 mg tablet..... 1, 2, 13, 14
 trazodone 300 mg tablet..... 1, 2, 13, 14
 trazodone 50 mg tablet..... 1, 2, 13, 14
TRINTELLIX 10 MG TABLET 14
TRINTELLIX 20 MG TABLET 14
TRINTELLIX 5 MG TABLET 14
V
 venlafaxine 100 mg tablet..... 1, 2, 13, 14
 venlafaxine 25 mg tablet..... 1, 2, 13, 14
 venlafaxine 37.5 mg tablet..... 1, 2, 13, 14
 venlafaxine 50 mg tablet..... 1, 2, 13, 14
 venlafaxine 75 mg tablet..... 1, 2, 13, 14
 venlafaxine er 150 mg capsule,extended
 release 24 hr 1, 2, 13, 14
 venlafaxine er 150 mg tablet,extended
 release 24 hr 2, 13, 14
 venlafaxine er 225 mg tablet,extended
 release 24 hr 2, 13, 14
 venlafaxine er 37.5 mg capsule,extended
 release 24 hr 2, 14
 venlafaxine er 37.5 mg tablet,extended
 release 24 hr 2, 14

venlafaxine er 75 mg capsule,extended release 24 hr	2, 14
venlafaxine er 75 mg tablet,extended release 24 hr	2, 14
VIIBRYD 10 MG (7)-20 MG (23)	
TABLETS IN A DOSE PACK	2, 14
VIIBRYD 10 MG TABLET	2, 14
VIIBRYD 20 MG TABLET	2, 14
VIIBRYD 40 MG TABLET	14

W	
wixela inhub 100 mcg-50 mcg/dose powder for inhalation	3
wixela inhub 250 mcg-50 mcg/dose powder for inhalation	3
wixela inhub 500 mcg-50 mcg/dose powder for inhalation	3
X	
XHANCE 93 MCG/ACTUATION	
BREATH ACTIVATED AEROSOL ...	16