

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EGWP STANDARD

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 (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
- *paroxetine 10 mg/5 ml oral suspension*
- 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

<p>Criteria</p>	<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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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 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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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.
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DPP-4 PDP EGWP STANDARD

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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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	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 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*
- *brinzolamide 1 % eye drops,suspension*
- *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, bimatoprost, brimonidine, brinzolamide, 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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INSULIN PDP EGWP STANDARD

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
100 UNIT/ML SUBCUTANEOUS
SOLUTION

Details

Criteria	<p>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.</p>
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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 PDP EGWP STANDARD

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 (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:

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

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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TRIPTAN 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*

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 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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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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ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	3
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR.....	3
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR.....	3
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR.....	3

B

balsalazide 750 mg capsule.....	5
bimatoprost 0.03 % eye drops.....	8
brimonidine 0.15 % eye drops	8

brimonidine 0.2 % eye drops	8
brinzolamide 1 % eye drops,suspension	8
bupropion hcl 100 mg tablet	1, 2, 13, 14
bupropion hcl 75 mg tablet	1, 2, 13, 14
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1, 2, 13, 14
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1, 2, 13, 14
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1, 2, 13, 14
bupropion hcl xl 150 mg 24 hr tablet, extended release	1, 2, 13, 14
bupropion hcl xl 300 mg 24 hr tablet, extended release	1, 2, 13, 14

C

carbidopa 10 mg-levodopa 100 mg disintegrating tablet.....	12
carbidopa 10 mg-levodopa 100 mg tablet.	12
carbidopa 12.5 mg-levodopa 50 mg- entacapone 200 mg tablet.....	12
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..... 5
 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
 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 solution1, 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..... 3
 FLOVENT DISKUS 250
 MCG/ACTUATION POWDER FOR
 INHALATION..... 3

FLOVENT DISKUS 50
 MCG/ACTUATION POWDER FOR
 INHALATION..... 3
 FLOVENT HFA 110 MCG/ACTUATION
 AEROSOL INHALER..... 3
 FLOVENT HFA 220 MCG/ACTUATION
 AEROSOL INHALER..... 3
 FLOVENT HFA 44 MCG/ACTUATION
 AEROSOL INHALER..... 3
 fluoxetine (pmdd) 10 mg tablet.. 1, 2, 13, 14
 fluoxetine (pmdd) 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 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 4
 FOSAMAX PLUS D 70 MG-5,600 UNIT
 TABLET 4
 frovatriptan 2.5 mg tablet..... 15

H

HUMALOG JUNIOR KWIKPEN (U-100)
 100 UNIT/ML SUBCUTANEOUS
 HALF-UNIT PEN..... 9, 10
 HUMALOG KWIKPEN (U-100) INSULIN
 100 UNIT/ML SUBCUTANEOUS.. 9, 10
 HUMALOG KWIKPEN U-200 INSULIN
 200 UNIT/ML (3 ML)
 SUBCUTANEOUS..... 9, 10

HUMALOG MIX 50-50 (U-100) INSULIN
100 UNIT/ML SUBCUTANEOUS
SUSPENSION 9, 10

HUMALOG MIX 50-50 KWIKPEN U-100
INSULIN 100 UNIT/ML
SUBCUTANEOUS PEN 9, 10

HUMALOG MIX 75-25 (U-100) INSULIN
100 UNIT/ML SUBCUTANEOUS
SUSPENSION 9, 10

HUMALOG MIX 75-25 KWIKPEN U-100
INSULIN 100 UNIT/ML
SUBCUTANEOUS PEN 9, 10

HUMALOG U-100 INSULIN 100
UNIT/ML SUBCUTANEOUS
CARTRIDGE 9, 10

HUMALOG U-100 INSULIN 100
UNIT/ML SUBCUTANEOUS
SOLUTION 9, 10

HUMULIN 70/30 U-100 INSULIN 100
UNIT/ML SUBCUTANEOUS
SUSPENSION 9, 10

HUMULIN 70/30 U-100 INSULIN
KWIKPEN 100 UNIT/ML
SUBCUTANEOUS 9, 10

HUMULIN N NPH U-100 INSULIN
(ISOPHANE SUSP) 100 UNIT/ML
SUBCUTANEOUS 9, 10

HUMULIN N NPH U-100 INSULIN
KWIKPEN 100 UNIT/ML (3 ML)
SUBCUTANEOUS 9, 10

HUMULIN R REGULAR U-100 INSULIN
100 UNIT/ML INJECTION SOLUTION
..... 9, 10

HUMULIN R U-500 (CONC) INSULIN
KWIKPEN 500 UNIT/ML (3 ML)
SUBCUTANEOUS 9, 10

HUMULIN R U-500 (CONCENTRATED)
INSULIN 500 UNIT/ML
SUBCUTANEOUS SOLN 9, 10

I
ibandronate 150 mg tablet 4

J
JANUMET 50 MG-1,000 MG TABLET ... 6
JANUMET 50 MG-500 MG TABLET 6
JANUMET XR 100 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

JANUMET XR 50 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

JANUMET XR 50 MG-500 MG
TABLET,EXTENDED RELEASE 6

JANUVIA 100 MG TABLET 6

JANUVIA 25 MG TABLET 6

JANUVIA 50 MG TABLET 6

JENTADUETO 2.5 MG-1,000 MG
TABLET 6

JENTADUETO 2.5 MG-500 MG TABLET
..... 6

JENTADUETO 2.5 MG-850 MG TABLET
..... 6

JENTADUETO XR 2.5 MG-1,000 MG
TABLET, EXTENDED RELEASE 6

JENTADUETO XR 5 MG-1,000 MG
TABLET, EXTENDED RELEASE 6

K
KOMBIGLYZE XR 2.5 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

KOMBIGLYZE XR 5 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

KOMBIGLYZE XR 5 MG-500 MG
TABLET,EXTENDED RELEASE 6

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 5
mesalamine 400 mg capsule (with delayed
release tablets inside) 5
mesalamine 800 mg tablet,delayed release . 5
mesalamine er 0.375 gram capsule,extended
release 24 hr 5
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

NOVOLIN 70/30 U-100 INSULIN 100
UNIT/ML SUBCUTANEOUS
SUSPENSION 9, 10

NOVOLIN 70-30 FLEXPEN U-100
INSULIN 100 UNIT/ML (70-30)
SUBCUTANEOUS..... 9, 10

NOVOLIN N FLEXPEN 100 UNIT/ML (3
ML) SUBCUTANEOUS INSULIN PEN
..... 9, 10

NOVOLIN N NPH U-100 INSULIN
ISOPHANE 100 UNIT/ML
SUBCUTANEOUS SUSP 9, 10

NOVOLIN R FLEXPEN 100 UNIT/ML (3
ML) SUBCUTANEOUS INSULIN PEN
..... 9, 10

NOVOLIN R REGULAR U-100 INSULIN
100 UNIT/ML INJECTION SOLUTION
..... 9, 10

NOVOLOG FLEXPEN U-100 INSULIN
ASPART 100 UNIT/ML (3 ML)
SUBCUTANEOUS..... 9, 10

NOVOLOG MIX 70-30 FLEXPEN U-100
INSULIN 100 UNIT/ML
SUBCUTANEOUS PEN..... 9, 10

NOVOLOG MIX 70-30 U-100 INSULIN
100 UNIT/ML SUBCUTANEOUS
SOLUTION..... 9, 10

NOVOLOG PENFILL U-100 INSULIN
ASPART 100 UNIT/ML
SUBCUTANEOUS CARTRIDG 9, 10

NOVOLOG U-100 INSULIN ASPART 100
UNIT/ML SUBCUTANEOUS
SOLUTION..... 10

O

ONGLYZA 2.5 MG TABLET 6

ONGLYZA 5 MG TABLET 6

P

paroxetine 10 mg tablet..... 1, 2, 13, 14

paroxetine 10 mg/5 ml oral suspension 2

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. 5

PENTASA 500 MG
CAPSULE,CONTROLLED RELEASE. 5

pilocarpine 1 % eye drops..... 8

pilocarpine 2 % eye drops..... 8

pilocarpine 4 % eye drops..... 8

Q

QVAR REDIHALER 40
MCG/ACTUATION HFA BREATH
ACTIVATED AEROSOL 3

QVAR REDIHALER 80
MCG/ACTUATION HFA BREATH
ACTIVATED AEROSOL 3

R

RHOPRESSA 0.02 % EYE DROPS 8

risedronate 150 mg tablet..... 4

risedronate 30 mg tablet..... 4

risedronate 35 mg tablet..... 4

risedronate 35 mg tablet (12 pack)..... 4

risedronate 35 mg tablet (4 pack)..... 4

risedronate 35 mg tablet,delayed release 4

risedronate 5 mg tablet..... 4

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
sulfasalazine 500 mg tablet.....	5
sulfasalazine 500 mg tablet,delayed release	5
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
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
TRADJENTA 5 MG TABLET.....	6
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	1, 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, 13, 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
VIIBRYD 10 MG TABLET	2
VIIBRYD 20 MG TABLET	2
VIIBRYD 40 MG TABLET	2
X	
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL ...	16