### Products Affected
APLENZIN 174MG ER TAB

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of generic bupropion SR or generic bupropion XL in previous 180 days.</th>
</tr>
</thead>
</table>

---

Last Updated: 7/1/2019
## Products Affected
APLENZIN 348MG ER TAB

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step Therapy requires trial of generic buproion SR or generic buproion XL in previous 180 days.</td>
<td></td>
</tr>
</tbody>
</table>
Products Affected
APLENZIN 522MG ER TAB

Details
Criteria  Step Therapy requires trial of generic bupropion SR or generic bupropion XL in previous 180 days.
### Products Affected
ARANESP 100MCG/0.5ML SYRINGE

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</th>
</tr>
</thead>
</table>

Last Updated 7/1/2019
### Products Affected
ARANESP 100MCG/ML INJ

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</th>
</tr>
</thead>
</table>

Last Updated: 7/1/2019
## Products Affected
ARANESP 10MCG/0.4ML SYRINGE

## Details

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
**Products Affected**
ARANESP 150MCG/0.3ML SYRINGE

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</th>
</tr>
</thead>
</table>

Last Updated: 7/1/2019
### Products Affected
ARANESP 200MCG/0.4ML SYRINGE

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step Therapy</td>
<td>requires trial of PROCRIT, EPOGEN or RETACRIT.</td>
</tr>
</tbody>
</table>
## Products Affected
ARANESP 200MCG/ML INJ

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</td>
</tr>
</tbody>
</table>
**Products Affected**
ARANESP 25MCG/0.42ML SYRINGE

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</td>
</tr>
</tbody>
</table>
Products Affected
ARANESP 25MCG/ML INJ

Details

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
Products Affected
ARANESP 300MCG/0.6ML SYRINGE

Details

Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.
### Products Affected
ARANESP 300MCG/ML INJ

### Details

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
**Products Affected**
ARANESP 40MCG/0.4ML SYRINGE

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</th>
</tr>
</thead>
</table>

**Step Therapy Criteria**
_Last Updated_ 7/1/2019
**Products Affected**
ARANESP 40MCG/ML INJ

**Details**

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
**Products Affected**
ARANESP 500MCG/ML SYRINGE

**Details**

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
**Products Affected**
ARANESP 60MCG/0.3ML SYRINGE

**Details**

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
### Products Affected

ARANESP 60MCG/ML INJ

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</th>
</tr>
</thead>
</table>

---

Last Updated: 7/1/2019

Step Therapy Criteria
## Products Affected

donepezil 23mg tab

## Details

| Criteria | Step Therapy requires trial of generic donepezil 10mg in previous 180 days. |
# Products Affected
**DULOXETINE 40MG DR CAP**

## Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
ESTRING 2MG VAGINAL RING

Details
Criteria
Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.
Products Affected
FETZIMA 120MG ER CAP

Details

Criteria  Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
Products Affected
FETZIMA 20MG ER CAP

Details

Criteria: Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
## Products Affected
FETZIMA 40MG ER CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
</tr>
</tbody>
</table>
**Products Affected**  
FETZIMA 80MG ER CAP

**Details**

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>
Products Affected
fluvoxamine maleate 100mg er cap

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. | 27 |
**Products Affected**
fluvoxamine maleate 150mg er cap

**Details**

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**
LONHALA 0.0025% INH SOLN

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of INCRUSE.</th>
</tr>
</thead>
</table>


## Products Affected
NAMZARIC 10-21MG ER CAP

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient has tried or was intolerant to generic donepezil AND generic memantine.</td>
</tr>
</tbody>
</table>
Products Affected
NAMZARIC 10-7MG ER CAP

Details
Criteria: Patient has tried or was intolerant to generic donepezil AND generic memantine.
**Products Affected**
NAMZARIC 14-10MG ER CAP

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Patient has tried or was intolerant to generic donepezil AND generic memantine.</th>
</tr>
</thead>
</table>

Last Updated 7/1/2019
Products Affected
NAMZARIC 28-10MG ER CAP

Details
Criteria  Patient has tried or was intolerant to generic donepezil AND generic memantine.
### Products Affected
NAMZARIC TITRATION PACK

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Patient has tried or was intolerant to generic donepezil AND generic memantine.</th>
</tr>
</thead>
</table>

Last Updated 7/1/2019
### Products Affected
PANCREAZE 10500-25000-43750UNIT DR CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of CREON in previous 180 days.</td>
</tr>
</tbody>
</table>
### Products Affected

PANCREAZE 16800-40000-70000UNIT DR CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
</tr>
</thead>
</table>

---

Last Updated 7/1/2019

Step Therapy Criteria
### Products Affected
PANCREAZE 21000-37000-61000 UNIT DR CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
</tr>
</thead>
</table>

37
### Products Affected
PANCREAZE 2600-6200-10850 UNIT DR CAP

### Details

| Criteria                      | Step Therapy requires trial of CREON in previous 180 days. |
### Products Affected
PANCREAZE 4200-10000-17500UNIT DR CAP

### Details

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
**Products Affected**
SPIRIVA 1.25MCG RESPIMAT INH

**Details**

| Criteria | Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL. |
Products Affected
SYMPAZAN 10MG STRIP

Details
Criteria  Step therapy requires trial of generic clobazam tablets.
## Products Affected
SYMPAZAN 20MG STRIP

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step therapy requires trial of generic clobazam tablets.</th>
</tr>
</thead>
</table>

**Products Affected**
SYMPAZAN 5MG STRIP

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step therapy requires trial of generic clobazam tablets.</th>
</tr>
</thead>
</table>
### Products Affected

TRINTELLIX 10MG TAB

### Details

| Criteria     | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Step Therapy Criteria

Products Affected
TRINTELLIX 20MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
TRINTELLIX 5MG TAB

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected
ULORIC 40MG TAB

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of generic allopurinol in previous 180 days.</th>
</tr>
</thead>
</table>
Step Therapy requires trial of generic allopurinol in previous 180 days.
Step Therapy Criteria

**Products Affected**
VIIBRYD 10/20MG STARTER PACK

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>

49
### Products Affected

**VIIBRYD 10MG TAB**

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>

Last Updated: 7/1/2019
### Products Affected

VIIBRYD 20MG TAB

### Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
VIIBRYD 40MG TAB

Details

Criteria  Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.