Products Affected
APLENZIN 174MG ER TAB

Details
Criteria | Step Therapy requires trial of generic bupropion SR or generic bupropion XL in previous 180 days.
Products Affected
APLENZIN 348MG ER TAB

Details
Criteria | Step Therapy requires trial of generic bupropion SR or generic bupropion XL in previous 180 days.
**Products Affected**
APLENZIN 522MG ER TAB

**Details**

| Criteria | Step Therapy requires trial of generic bupropion SR or generic bupropion XL in previous 180 days. |

---

*Last Updated* 12/1/2019
### Products Affected
ARANESP 100MCG/0.5ML SYRINGE

### Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</td>
</tr>
</tbody>
</table>
### 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 12/1/2019
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
Criteria  Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.
### Products Affected
ARANESP 200MCG/0.4ML SYRINGE

### Details

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

**Details**

| Criteria | Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT. |
## Products Affected
ARANESP 25MCG/0.42ML SYRINGE

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

Last Updated 12/1/2019
**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

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

ARANESP 300MCG/ML INJ

## Details

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

Last Updated 12/1/2019
### 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>
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</table>

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*Last Updated*: 12/1/2019
## Products Affected
ARANESP 40MCG/ML INJ

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
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<td>Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.</td>
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</tbody>
</table>
## Products Affected
ARANESP 500MCG/ML SYRINGE

## Details

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

Step Therapy Criteria
Last Updated 12/1/2019
### 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>

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*Last Updated* 12/1/2019
## Products Affected

donepezil 23mg tab

## Details

| Criteria | Step Therapy requires trial of generic donepezil 10mg in previous 180 days. |

---
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
febuxostat 40mg tab

Details
Criteria
Step Therapy requires trial of generic allopurinol in previous 180 days.
### Products Affected

febuxostat 80mg tab

### Details

| Criteria | Step Therapy requires trial of generic allopurinol 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

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 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. |
### Products Affected

**FETZIMA PACK**

### 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
fluvoxamine maleate 100mg er cap

### Details

| Criteria | Steps 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
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>
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</table>

Last Updated: 12/1/2019
# Products Affected
NAMZARIC 10-21MG ER CAP

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Patient has tried or was intolerant to generic donepezil AND generic memantine.</td>
</tr>
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</table>
### Products Affected
NAMZARIC 10-7MG 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>
# 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 12/1/2019
**Products Affected**
NAMZARIC 28-10MG ER CAP

**Details**

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

NAMZARIC TITRATION PACK

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Patient has tried or was intolerant to generic donepezil AND generic memantine.</th>
</tr>
</thead>
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**Last Updated**: 12/1/2019
### Products Affected
PANCREAZE 10500-25000-43750UNIT DR CAP

### Details

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
### 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>
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**Products Affected**
PANCREAZE 21000-37000-61000UNIT DR CAP

**Details**

| Criteria          | Step Therapy requires trial of CREON in previous 180 days. |
## Products Affected
PANCREAZE 2600-6200-10850UNIT DR CAP

## Details

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

Step Therapy Criteria

Last Updated  
12/1/2019
**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

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

Last Updated 12/1/2019

Step Therapy Criteria
## Products Affected
SYMPAZAN 20MG STRIP

## Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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<tbody>
<tr>
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<td>Step therapy requires trial of generic clobazam tablets.</td>
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<td>Criteria</td>
<td>Details</td>
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<td>---------------</td>
<td>--------------------------------------------------</td>
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<tr>
<td>Step therapy</td>
<td>requires trial of generic clobazam tablets.</td>
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## Products Affected
TRINTELLIX 10MG TAB

### Details

<table>
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<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>
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</table>

Last Updated 12/1/2019
**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>
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Last Updated 12/1/2019
### Products Affected
ULTIC 80MG TAB

### Details

<table>
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<th>Criteria</th>
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<tbody>
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<td>Step Therapy requires trial of generic allopurinol in previous 180 days.</td>
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</table>
### Products Affected

**VIIBRYD 10/20MG STARTER PACK**

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Details</th>
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<td></td>
</tr>
</tbody>
</table>
### Products Affected

VIIBRYD 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. |

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Last Updated 12/1/2019
### 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. |