### 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>
### Products Affected
APLENZIN 348MG 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>
### 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>
**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

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


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

## 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 25MCG/0.42ML SYRINGE

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

### 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 300MCG/0.6ML 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 300MCG/ML INJ

### Details

<table>
<thead>
<tr>
<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>
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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>

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

### 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 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>

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>


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
febuxostat 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>

Last Updated 12/1/2019
**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

<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>

---

26
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 | 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 150mg er cap

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</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

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>Patient has tried or was intolerant to generic donepezil AND generic memantine.</td>
<td></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. |

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**Last Updated** 12/1/2019
| Criteria | Patient has tried or was intolerant to generic donepezil AND generic memantine. |
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 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
Criteria  Step Therapy requires trial of CREON in previous 180 days.
# 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

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
### Products Affected
PANCREAZE 4200-10000-17500UNIT 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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</thead>
</table>

Last Updated 12/1/2019
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>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step therapy requires trial of generic clobazam tablets.</td>
</tr>
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</table>
### 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>

---

_Last Updated_ 12/1/2019
### Products Affected
SYMPAZAN 5MG STRIP

### Details
| Criteria | Step therapy requires trial of generic clobazam tablets. |

---

Step Therapy Criteria
*Last Updated* 12/1/2019
# 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. |
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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</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
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>

Last Updated 12/1/2019
### Products Affected
ULORIC 80MG 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 Criteria

*Last Updated* 12/1/2019
Products Affected

VIIBRYD 10/20MG STARTER 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

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. |
### 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. |