

## 2022 Priority Health Medicare Step Therapy Criteria

An alphabetical index by drug name appears after the drug criteria listings.

Last updated: December 2022

# Apidra

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## Products Affected

- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION

## Details

<b>Criteria</b>	Must first try Humalog or Humalog Mix.
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# Aptiom

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## Products Affected

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

## Details

Criteria	Must first try oxcarbazepine.
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# asenapine maleate

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## Products Affected

- *asenapine maleate tablet sublingual 10 mg sublingual*
- *asenapine maleate tablet sublingual 2.5 mg sublingual*
- *asenapine maleate tablet sublingual 5 mg sublingual*

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Briviact

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## Products Affected

- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT TABLET 10 MG ORAL
- BRIVIACT TABLET 100 MG ORAL
- BRIVIACT TABLET 25 MG ORAL
- BRIVIACT TABLET 50 MG ORAL
- BRIVIACT TABLET 75 MG ORAL

## Details

<b>Criteria</b>	Must first try levetiracetam.
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# Calcitriol Ointment

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## Products Affected

- *calcitriol ointment 3 mcg/gm external*

## Details

<b>Criteria</b>	Must first try calcipotriene.
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# Dificid

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## Products Affected

- DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL
- DIFICID TABLET 200 MG ORAL

## Details

<b>Criteria</b>	Must first try vancomycin or Firvanq.
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# difluprednate

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## Products Affected

- *difluprednate emulsion 0.05 % ophthalmic*

## Details

<b>Criteria</b>	Must first try one other generic steroid eye drop.
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# Emsam

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## Products Affected

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL

## Details

<b>Criteria</b>	Must first try one generic antidepressant.
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# Eprontia

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## Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

## Details

<b>Criteria</b>	Must first try topiramate sprinkles.
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# Fanapt

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## Products Affected

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Fetzima

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## Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

## Details

<b>Criteria</b>	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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# Fiasp

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## Products Affected

- FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- FIASP SOLUTION 100 UNIT/ML INJECTION
- FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try Humalog or Humalog Mix.
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# Insulin Aspart

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## Products Affected

- *insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous*
- *insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin aspart penfill solution cartridge 100 unit/ml subcutaneous*
- *insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous*
- *insulin aspart solution 100 unit/ml injection*
- *insulin aspart solution 100 unit/ml subcutaneous*

## Details

Details	
<b>Criteria</b>	Must first try Humalog, Humalog Mix, or Lyumjev.

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# Invokamet

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## Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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# Invokamet XR

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## Products Affected

- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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# Invokana

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## Products Affected

- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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# Klisyri

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## Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

## Details

<b>Criteria</b>	Must first try topical imiquimod and fluorouracil.
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# Kombiglyze XR

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## Products Affected

- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR.
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# Latuda

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## Products Affected

- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Lotemax

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## Products Affected

- LOTEMAX OINTMENT 0.5 %  
OPHTHALMIC

## Details

<b>Criteria</b>	Must first try one generic steroid.
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# loteprednol etabonate

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## Products Affected

- *loteprednol etabonate gel 0.5 % ophthalmic*      *ophthalmic*
- *loteprednol etabonate suspension 0.5 %*

## Details

<b>Criteria</b>	Must first try one generic steroid.
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# Lumigan

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## Products Affected

- LUMIGAN SOLUTION 0.01 %  
OPHTHALMIC

## Details

<b>Criteria</b>	Patient must first try one of latanoprost or bimatoprost.
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# Movantik

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## Products Affected

- MOVANTIK TABLET 12.5 MG ORAL
- MOVANTIK TABLET 25 MG ORAL

## Details

<b>Criteria</b>	Must first try lactulose and lubiprostone.
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# Neupro

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## Products Affected

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

## Details

<b>Criteria</b>	Confirms a trial with two of ropinirole, ropinirole er, or pramipexole before Neupro will be authorized.
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# Ongentys

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## Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

## Details

<b>Criteria</b>	Must first try entacapone.
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# Onglyza

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## Products Affected

- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR.
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# Ozempic

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## Products Affected

- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS

## Details

Criteria	
	Must first try one of Trulicity, Bydureon, or Byetta.

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# paliperidone ER

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## Products Affected

- *paliperidone er tablet extended release 24 hour 1.5 mg oral*
- *paliperidone er tablet extended release 24 hour 3 mg oral*
- *paliperidone er tablet extended release 24 hour 6 mg oral*
- *paliperidone er tablet extended release 24 hour 9 mg oral*

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Pancreaze

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## Products Affected

- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 10500-35500 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 16800-56800 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 21000-54700 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 2600-6200 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 2600-8800 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 37000-97300 UNIT  
ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 4200-14200 UNIT  
ORAL

## Details

Details	
Criteria	Must first try Creon.

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# Rexulti

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## Products Affected

- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Secuado

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## Products Affected

- SECUADO PATCH 24 HOUR 3.8 MG/24HR      TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR      TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR      TRANSDERMAL

## Details

<b>Criteria</b>	Must first try two of aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Segluromet

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## Products Affected

- SEGLUROMET TABLET 2.5-1000 MG ORAL
- SEGLUROMET TABLET 2.5-500 MG ORAL
- SEGLUROMET TABLET 7.5-1000 MG ORAL
- SEGLUROMET TABLET 7.5-500 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR.
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# Steglatro

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## Products Affected

- STEGLATRO TABLET 15 MG ORAL
- STEGLATRO TABLET 5 MG ORAL

## Details

<b>Criteria</b>	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR.
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# Symlin

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## Products Affected

- SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS
- SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try one meal-time insulin product (Humalog, Humalog Mix, insulin aspart, insulin aspart protamine, Apidra, Humulin N, Humulin R, Humulin 70/30, Fiasp, or Lyumjev).
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# travoprost 0.04 mg/ml ophthalmic solution

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## Products Affected

- *travoprost (bak free) solution 0.004 %  
ophthalmic*

## Details

<b>Criteria</b>	Patient must first try latanoprost.
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# Trintellix

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## Products Affected

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

## Details

<b>Criteria</b>	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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# vancomycin capsule

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## Products Affected

- *vancomycin hcl capsule 125 mg oral*
- *vancomycin hcl capsule 250 mg oral*

## Details

<b>Criteria</b>	Must first try Firvanq.
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# Veltassa

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## Products Affected

- VELTASSA PACKET 16.8 GM ORAL
- VELTASSA PACKET 25.2 GM ORAL
- VELTASSA PACKET 8.4 GM ORAL

## Details

Criteria	Must first try Lokelma.
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# Victoza

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## Products Affected

- VICTOZA SOLUTION PEN-INJECTOR 18  
MG/3ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try one of Byetta, Bydureon, or Trulicity.
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# Viibryd

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## Products Affected

- VIIBRYD STARTER PACK KIT 10 & 20 MG  
ORAL

## Details

<b>Criteria</b>	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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# vilazodone

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## Products Affected

- *vilazodone hcl tablet 10 mg oral*
- *vilazodone hcl tablet 20 mg oral*
- *vilazodone hcl tablet 40 mg oral*

## Details

<b>Criteria</b>	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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# Viokace

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## Products Affected

- VIOKACE TABLET 10440-39150 UNIT ORAL
- VIOKACE TABLET 20880-78300 UNIT ORAL

## Details

Criteria	Must first try Creon.
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# Vraylar

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## Products Affected

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

## Details

<b>Criteria</b>	Must first try two of the following: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone.
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# Zenpep

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## Products Affected

- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL

## Details

Criteria	Must first try Creon.
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