

## 2019 Priority Health Medicare Step Therapy Criteria

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

Last updated: December 2019

# Afrezza

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## Products Affected

- AFREZZA POWDER 12 UNIT INHALATION
- AFREZZA POWDER 30 X 4 UNIT & 60X8 UNIT INHALATION
- AFREZZA POWDER 4 & 8 & 12 UNIT INHALATION
- AFREZZA POWDER 4 UNIT INHALATION
- AFREZZA POWDER 60 X 8 UNIT & 30X12 UNIT INHALATION
- AFREZZA POWDER 8 UNIT INHALATION
- AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION

## Details

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

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## Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try Lantus or Toujeo.
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# Belbuca

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## Products Affected

- BELBUCA FILM 150 MCG BUCCAL
- BELBUCA FILM 300 MCG BUCCAL
- BELBUCA FILM 450 MCG BUCCAL
- BELBUCA FILM 600 MCG BUCCAL
- BELBUCA FILM 75 MCG BUCCAL
- BELBUCA FILM 750 MCG BUCCAL
- BELBUCA FILM 900 MCG BUCCAL

## Details

Details	
Criteria	Must first try one of methadone or morphine sulfate ER.

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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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# Clarinex-D

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## Products Affected

- CLARINEX SYRUP 0.5 MG/ML ORAL                      EXTENDED RELEASE 12 HOUR 2.5-120
- CLARINEX-D 12 HOUR TABLET                      MG ORAL

## Details

<b>Criteria</b>	Confirms trial with levocetirizine before authorizing a prescription of Clarinex syrup or Clarinex-D.
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# Corlanor

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## Products Affected

- CORLANOR TABLET 5 MG ORAL
- CORLANOR TABLET 7.5 MG ORAL

## Details

<b>Criteria</b>	Must first try bisoprolol, carvedilol, or metoprolol succinate.
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# Delzicol

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## Products Affected

- DELZICOL CAPSULE DELAYED RELEASE  
400 MG ORAL

## Details

<b>Criteria</b>	Must first try one of mesalamine, Apriso, or Pentasa.
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# Desoximetasone Spray 0.25%

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## Products Affected

- *desoximetasone liquid 0.25 % external*

## Details

<b>Criteria</b>	Patient must first try one of desoximetasone cream, gel, or ointment.
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# Desvenlafaxine ER 2016

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## Products Affected

- *desvenlafaxine er tablet extended release 24 hour 100 mg oral*
- *desvenlafaxine er tablet extended release 24 hour 50 mg oral*
- *desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral*
- *desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral*
- *desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral*

## Details

<b>Criteria</b>	Must first try one of venlafaxine or venlafaxine ER.
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# Dificid

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## Products Affected

- DIFICID TABLET 200 MG ORAL

## Details

<b>Criteria</b>	Confirms trial with vancomycin before authorizing a prescription for Dificid.
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# eletriptan

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## Products Affected

- *eletriptan hydrobromide tablet 20 mg oral*
- *eletriptan hydrobromide tablet 40 mg oral*

## Details

<b>Criteria</b>	Must first try one of sumatriptan, rizatriptan, or naratriptan before authorizing a prescription of eletriptan.
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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>	Confirm trial with one generic antidepressant prior to authorizing a prescription for Emsam.
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# esomeprazole

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## Products Affected

- *esomeprazole magnesium capsule delayed release 20 mg oral*
- *esomeprazole magnesium capsule delayed release 40 mg oral*

## Details

<b>Criteria</b>	Confirms trial with one generic proton pump inhibitor before authorizing a prescription of esomeprazole.
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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 one 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 SOLUTION 100 UNIT/ML SUBCUTANEOUS
- FIASP PENFILL SOLUTION CARTRIDGE
- 100 UNIT/ML SUBCUTANEOUS

## Details

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

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## Products Affected

- GRALISE STARTER 300 & 600 MG ORAL
- GRALISE TABLET 300 MG ORAL
- GRALISE TABLET 600 MG ORAL

## Details

<b>Criteria</b>	Confirms trial with gabapentin before authorizing a prescription of Gralise.
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# Horizant

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## Products Affected

- HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL
- HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL

## Details

<b>Criteria</b>	Confirms trial with one of gabapentin, pramipexole and/or ropinirole before authorizing a prescription of Horizant.
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# Invokamet

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## Products Affected

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

## Details

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

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## Products Affected

- LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try Lantus or Toujeo.
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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.
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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 one of ropinirole, ropinirole er, or pramipexole before Neupro will be authorized.
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# Novolin

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## Products Affected

- NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N SUSPENSION 100 UNIT/ML
- NOVOLIN R SOLUTION 100 UNIT/ML INJECTION

## Details

<b>Criteria</b>	Must first try Humulin R, Humulin N, or Humulin 70/30.
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# Novolog

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## Products Affected

- NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Must first try Humalog or Humalog Mix.
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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, or Jentadueto XR.
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# Onzetra Xsail

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## Products Affected

- ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL

## Details

<b>Criteria</b>	Must first try sumatriptan nasal spray or auto-injector.
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# Otrexup

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## Products Affected

- OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS
- OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS

## Details

Criteria	
	Must try methotrexate injection before Otrexup will be approved.

# 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 2 MG/1.5ML SUBCUTANEOUS

## Details

<b>Criteria</b>	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 UNIT ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 16800 UNIT ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 21000 UNIT ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 2600 UNIT ORAL
- PANCREAZE CAPSULE DELAYED  
RELEASE PARTICLES 4200 UNIT ORAL

## Details

<b>Criteria</b>	Must first try Creon.
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# Phoslyra

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## Products Affected

- PHOSLYRA SOLUTION 667 MG/5ML ORAL

## Details

<b>Criteria</b>	Confirms trial with calcium acetate (generic PhosLo) before authorizing a prescription of Phoslyra.
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# Picato

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## Products Affected

- PICATO GEL 0.015 % EXTERNAL
- PICATO GEL 0.05 % EXTERNAL

## Details

<b>Criteria</b>	Confirms trial with imiquimod or fluorouracil before authorizing a prescription for Picato.
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# Rasuvo

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## Products Affected

- RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS

## Details

Details	
Criteria	Must try methotrexate, either injection or oral tablets.

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# Rytary

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## Products Affected

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

## Details

<b>Criteria</b>	Must first try carbidopa-levodopa er.
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# Saphris

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## Products Affected

- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS 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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# 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, 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, or Xigduo XR.
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# sumatriptan-naproxen

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## Products Affected

- *sumatriptan-naproxen sodium tablet 85-500 mg oral*

## Details

<b>Criteria</b>	Must have a trial with one generic triptan.
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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>	Confirms concurrent use of rapid-acting insulin (Humalog, Humalog Mix, Novolog, Novolog Mix, Apidra, Humulin N, Humulin R, Humulin 70/30, Novolin, Novolin N, Novolin R, or Fiasp) before authorizing a prescription of Symliin.
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# Symproic

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## Products Affected

- SYMPROIC TABLET 0.2 MG ORAL

## Details

<b>Criteria</b>	Must first try lactulose.
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# Topiramate ER

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## Products Affected

- *topiramate er capsule er 24 hour sprinkle 100 mg oral*
- *topiramate er capsule er 24 hour sprinkle 150 mg oral*
- *topiramate er capsule er 24 hour sprinkle 200 mg oral*
- *topiramate er capsule er 24 hour sprinkle 25 mg oral*
- *topiramate er capsule er 24 hour sprinkle 50 mg oral*

## Details

<b>Criteria</b>	Patient must have tried generic topiramate before a prescription of topiramate ER will be authorized.
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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 one of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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# Velphoro

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## Products Affected

- VELPHORO TABLET CHEWABLE 500 MG  
ORAL

## Details

<b>Criteria</b>	Must try calcium acetate before a prescription of Velphoro will be authorized.
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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
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

## Details

<b>Criteria</b>	Must first try one of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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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 one 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 UNIT ORAL
- 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 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL

## Details

<b>Criteria</b>	Must first try Creon.
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# Zomig 2015

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## Products Affected

- ZOMIG SOLUTION 5 MG NASAL

## Details

<b>Criteria</b>	Must have a trial with one generic triptan before authorizing a prescription of Zomig Nasal Spray.
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# Zontivity

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## Products Affected

- ZONTIVITY TABLET 2.08 MG ORAL

## Details

<b>Criteria</b>	Patient must be taking clopidogrel in combination with Zontivity.
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# Zyclara

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## Products Affected

- ZYCLARA PUMP CREAM 3.75 %  
EXTERNAL

## Details

<b>Criteria</b>	Confirms a trial with imiquimod before authorizing a prescription of Zyclara.
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