

2020 Priority Health Medicare Step Therapy Criteria

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

Last updated: November 2019

Afrezza

Products Affected

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

Details

Criteria	Must first try Humalog or Humalog Mix.
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Apidra

Products Affected

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

Details

Criteria	Must first try Humalog or Humalog Mix.
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Aptiom

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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Belbuca

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.

Briviact

Products Affected

- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT SOLUTION 50 MG/5ML INTRAVENOUS
- 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

Criteria	Must first try levetiracetam.
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Calcitriol Ointment

Products Affected

- *calcitriol ointment 3 mcg/gm external*

Details

Criteria	Must first try calcipotriene.
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Clarinex-D

Products Affected

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

Details

Criteria	Confirms trial with levocetirizine before authorizing a prescription of Clarinex syrup or Clarinex-D.
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Corlanor

Products Affected

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

Details

Criteria	Must first try bisoprolol, carvedilol, or metoprolol succinate.
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Desvenlafaxine ER

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

Criteria	Must first try one of venlafaxine or venlafaxine ER.
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Dificid

Products Affected

- DIFICID TABLET 200 MG ORAL

Details

Criteria	Confirms trial with vancomycin before authorizing a prescription for Dificid.
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Durezol

Products Affected

- DUREZOL EMULSION 0.05 %
OPHTHALMIC

Details

Criteria	Must first try one generic steroid.
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eletriptan

Products Affected

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

Details

Criteria	Must first try one of sumatriptan, rizatriptan, or naratriptan before authorizing a prescription of eletriptan.
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Emsam

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

Criteria	Must first try one generic antidepressant.
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esomeprazole

Products Affected

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

Details

Criteria	Must first try one generic proton pump inhibitor.
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Fanapt

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

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Fetzima

Products Affected

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

Details

Criteria	
	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.

Fiasp

Products Affected

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

Details

Criteria	Must first try Humalog or Humalog Mix.
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Invokamet

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

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, or Xigduo XR.
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Invokamet XR

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

Criteria	
	Must first try one of Jardiance, Synjardy, Farxiga, or Xigduo XR.

Invokana

Products Affected

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

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, or Xigduo XR.
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Kombiglyze XR

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

Criteria	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, or Jentadueto XR.
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Latuda

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

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Lotemax

Products Affected

- LOTEMAX GEL 0.5 % OPHTHALMIC
- LOTEMAX OINTMENT 0.5 %
- OPHTHALMIC
- LOTEMAX SM GEL 0.38 % OPHTHALMIC

Details

Criteria	Must first try one generic steroid.
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loteprednol etabonate

Products Affected

- *loteprednol etabonate suspension 0.5 %
ophthalmic*

Details

Criteria	Must first try one generic steroid.
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Lumigan

Products Affected

- LUMIGAN SOLUTION 0.01 %
OPHTHALMIC

Details

Criteria	Patient must first try one of latanoprost or bimatoprost.
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Movantik

Products Affected

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

Details

Criteria	Must first try lactulose.
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Neupro

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

Criteria	Confirms a trial with two of ropinirole, ropinirole er, or pramipexole before Neupro will be authorized.
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Novolin

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

Criteria	Must first try Humulin R, Humulin N, or Humulin 70/30.
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Novolog

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

Criteria	Must first try Humalog or Humalog Mix.
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Onglyza

Products Affected

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

Details

Criteria	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, or Jentadueto XR.
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Onzetra Xsail

Products Affected

- ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL

Details

Criteria	Must first try sumatriptan auto-injector, sumatriptan injection, or sumatriptan nasal solution.
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Otrexup

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

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

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

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

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Pancreaze

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

Criteria	Must first try Creon.
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Phoslyra

Products Affected

- PHOSLYRA SOLUTION 667 MG/5ML ORAL

Details

Criteria	Confirms trial with calcium acetate (generic PhosLo) before authorizing a prescription of Phoslyra.
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Picato

Products Affected

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

Details

Criteria	Confirms trial with imiquimod or fluorouracil before authorizing a prescription for Picato.
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Rasuvo

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.

Saphris

Products Affected

- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL

Details

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Segluromet

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

Criteria	
	Must first try one of Jardiance, Synjardy, Farxiga, or Xigduo XR.

Soolantra

Products Affected

- SOOLANTRA CREAM 1 % EXTERNAL

Details

Criteria	Patient must first try azelaic acid.
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Steglatro

Products Affected

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

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, or Xigduo XR.
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sumatriptan-naproxen

Products Affected

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

Details

Criteria	Must have a trial with one generic triptan.
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Symlin

Products Affected

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

Details

Criteria	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

Products Affected

- SYMPROIC TABLET 0.2 MG ORAL

Details

Criteria	Must first try lactulose.
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Topiramate ER

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

Criteria	Patient must have tried generic topiramate before a prescription of topiramate ER will be authorized.
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Travatan Z

Products Affected

- TRAVATAN Z SOLUTION 0.004 %
OPHTHALMIC

Details

Criteria	Patient must first try one of latanoprost or bimatoprost.
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Treximet

Products Affected

- TREXIMET TABLET 10-60 MG ORAL

Details

Criteria	Must first try one generic triptan.
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Trintellix

Products Affected

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

Details

Criteria	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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Velphoro

Products Affected

- VELPHORO TABLET CHEWABLE 500 MG
ORAL

Details

Criteria	Must try calcium acetate before a prescription of Velphoro will be authorized.
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Victoza

Products Affected

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

Details

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

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

Criteria	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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Vraylar

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

Criteria	Must first try one of the following: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone.
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Zenpep

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 3000-14000 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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Zomig Nasal Spray

Products Affected

- ZOMIG SOLUTION 5 MG NASAL

Details

Criteria	Must first try one generic triptan.
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Zontivity

Products Affected

- ZONTIVITY TABLET 2.08 MG ORAL

Details

Criteria	Patient must be taking clopidogrel in combination with Zontivity.
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NEUPRO PATCH 24 HOUR 4 MG/24HR		<i>paliperidone er tablet extended release 24</i>	
TRANSDERMAL	28	<i>hour 1.5 mg oral</i>	35
NEUPRO PATCH 24 HOUR 6 MG/24HR		<i>paliperidone er tablet extended release 24</i>	
TRANSDERMAL	28	<i>hour 3 mg oral</i>	35
NEUPRO PATCH 24 HOUR 8 MG/24HR		<i>paliperidone er tablet extended release 24</i>	
TRANSDERMAL	28	<i>hour 6 mg oral</i>	35
NOVOLIN 70/30 SUSPENSION (70-30)		<i>paliperidone er tablet extended release 24</i>	
100 UNIT/ML SUBCUTANEOUS	29	<i>hour 9 mg oral</i>	35
NOVOLIN N SUSPENSION 100 UNIT/ML			
SUBCUTANEOUS	29		

PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT ORAL.....	36	SOOLANTRA CREAM 1 % EXTERNAL.....	42
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800 UNIT ORAL.....	36	STEGLATRO TABLET 15 MG ORAL.....	43
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000 UNIT ORAL.....	36	STEGLATRO TABLET 5 MG ORAL.....	43
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PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200 UNIT ORAL..	36	SYMLINPEN 120 SOLUTION PEN- INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS.....	45
PHOSLYRA SOLUTION 667 MG/5ML ORAL.....	37	SYMLINPEN 60 SOLUTION PEN- INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS.....	45
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RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS.....	39	<i>topiramate er capsule er 24 hour sprinkle 200 mg oral.....</i>	47
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS.....	39	<i>topiramate er capsule er 24 hour sprinkle 25 mg oral.....</i>	47
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS.....	39	<i>topiramate er capsule er 24 hour sprinkle 50 mg oral.....</i>	47
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RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS.....	39	TRINTELLIX TABLET 10 MG ORAL.....	50
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS.....	39	TRINTELLIX TABLET 20 MG ORAL.....	50
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS.....	39	TRINTELLIX TABLET 5 MG ORAL.....	50
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SEGLUOMET TABLET 7.5-1000 MG ORAL.....	41	VIIBRYD TABLET 40 MG ORAL.....	53
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		VRAYLAR CAPSULE 4.5 MG ORAL.....	54
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		ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL.....	55
		ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL.....	55

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	55
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL	55
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	55
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