



## 2023 Priority Health Medicare Step Therapy Criteria

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

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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

<b>Criteria</b>	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 have claim or confirmed trial with two of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days each.
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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 have claim or confirmed trial with one generic antidepressant for at least 28-days.
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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 have claim or confirmed trial with two of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days each.
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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 have claim or confirmed trial for at least 28-days with 2 of the following generic antidepressants: duloxetine, venlafaxine (IR or XR), or desvenlafaxine.
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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*

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

## Details

<b>Criteria</b>	Must have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days (exception to step therapy for adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day).
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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 have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days (exception to step therapy for adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day).
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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 have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days (exception to step therapy for adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day).
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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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# 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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# lurasidone

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## Products Affected

- *lurasidone hcl tablet 120 mg oral*
- *lurasidone hcl tablet 20 mg oral*
- *lurasidone hcl tablet 40 mg oral*
- *lurasidone hcl tablet 60 mg oral*
- *lurasidone hcl tablet 80 mg oral*

## Details

<b>Criteria</b>	For depressive episodes associated with bipolar disorder in adults, must have claim or confirmed trial with quetiapine for at least 28 days. For all other indications, must have a claim or confirmed trial with one of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days.
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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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# Ozempic

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## Products Affected

- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML 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 have claim or confirmed trial with Trulicity for at least 28 days.

# 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 have claim or confirmed trial with two of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days each.
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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>	For agitation in Alzheimer's disease, must have a claim or confirmed trial with one generic atypical antipsychotic. For all other indications, must have claim or confirmed trial with two generic atypical antipsychotic drugs for at least 28 days each.
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# saxagliptin

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## Products Affected

- *saxagliptin hcl tablet 2.5 mg oral*
- *saxagliptin hcl tablet 5 mg oral*

## Details

<b>Criteria</b>	Must have claim or confirmed trial with one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR for at least 28 days.
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# saxagliptin-metformin er

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## Products Affected

- *saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral*

## Details

<b>Criteria</b>	Must have claim or confirmed trial with one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR for at least 28 days.
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# Secuado

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## Products Affected

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

## Details

<b>Criteria</b>	Must have claim or confirmed trial with two of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days each.
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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, Humulin N, Humulin R, Humulin 70/30, 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 have claim or confirmed trial for at least 28-days with 2 of the following generic antidepressants: duloxetine, venlafaxine (IR or XR), or desvenlafaxine.
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# Victoza

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## Products Affected

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

## Details

<b>Criteria</b>	Must have claim or confirmed trial with Trulicity for at least 28 days.
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# Viibryd

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## Products Affected

- VIIBRYD STARTER PACK KIT 10 & 20 MG  
ORAL

## Details

<b>Criteria</b>	Must have claim or confirmed trial for at least 28-days with 2 of the following generic antidepressants: duloxetine, venlafaxine (IR or XR), or desvenlafaxine.
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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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# 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>	For depressive episodes associated with bipolar disorder, must have claim or confirmed trial with quetiapine for at least 28 days. For all other indications, must have a claim or confirmed trial with one of the following generic drugs: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone for at least 28 days.
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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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