

2024 Priority Health Medicare Step Therapy Criteria

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

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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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asenapine maleate

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

Criteria	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

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

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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Dificid

Products Affected

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

Details

Criteria	Must first try vancomycin or Firvanq.
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difluprednate

Products Affected

- *difluprednate emulsion 0.05 % ophthalmic*

Details

Criteria	Must first try one other generic steroid eye drop.
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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 have claim or confirmed trial with one generic antidepressant for at least 28-days.
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Eprontia

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details

Criteria	Must first try topiramate sprinkles.
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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 have claims or confirmed trial with two of the following generic drugs with support for the indication: aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, or lurasidone for at least 28 days each.
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Fetzima

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

Criteria	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

Products Affected

- *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

Criteria	
	Must first try Humalog, Humalog Mix, or Lyumjev.

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 have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days.
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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 have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days.
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Invokana

Products Affected

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

Details

Criteria	Must have claim or confirmed trial with one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR for at least 28 days.
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Klisyri

Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

Details

Criteria	Must first try topical imiquimod and fluorouracil.
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Lotemax

Products Affected

- LOTEMAX OINTMENT 0.5 %
OPHTHALMIC

Details

Criteria	Must first try one generic steroid eye drop.
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loteprednol etabonate

Products Affected

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

Details

Criteria	Must first try one of the following generic steroid eye drops: prednisolone, dexamethasone, or fluorometholone.
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Movantik

Products Affected

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

Details

Criteria	Must first try lactulose and lubiprostone.
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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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Ongentys

Products Affected

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

Details

Criteria	Must first try entacapone.
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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 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

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

Criteria	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

Products Affected

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

Details

Criteria	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

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

Criteria	
	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.

Secuado

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

Criteria	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

Products Affected

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

Details

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

Products Affected

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

Details

Criteria	Patient must first try latanoprost.
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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 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

Products Affected

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

Details

Criteria	Must have claim or confirmed trial for at least 28-days with 2 of the following generic antidepressants: duloxetine, venlafaxine ER, or desvenlafaxine.
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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

Details

Criteria	Must have claims or confirmed trial with two of the following generic drugs with support for the indication: aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, or lurasidone for at least 28 days each.
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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 3000-10000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL

Details

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