

DESVENLAFAXINE ER

Products Affected

Step 2:

- DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE ER 50 MG TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER 100 MG TABLET, EXTENDED RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER 50 MG TABLET, EXTENDED RELEASE 24 HR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF DESVENLAFAXINE SUCCINATE ER WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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GLP1 - NON PREFERRED

Products Affected

Step 2:

- BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS
- PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF VICTOZA and OZEMPIC, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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NEUPRO

Products Affected

Step 2:

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

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF PRAMIPEXOLE AND ROPINIROLE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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OXYCONTIN

Products Affected

Step 2:

- *oxycodone er 10 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 15 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 20 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 30 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 40 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 60 mg tablet, crush resistant, extended release 12 hr*
 - *oxycodone er 80 mg tablet, crush resistant, extended release 12 hr*
- OXYCONTIN 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE
 - OXYCONTIN 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF MORPHINE SULFATE EXTENDED RELEASE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PATADAY

Products Affected

Step 2:

- *olopatadine 0.2 % eye drops*

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF OLOPATADINE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PPI

Products Affected

Step 2:

- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER TWO GENERIC FORMULARY PPI'S WHICH INCLUDE LANSOPRAZOLE, OMEPRAZOLE, RABEPRAZOLE AND PANTOPRAZOLE or LANSOPRAZOLE AND MISOPROSTOL FOR PROPHYLAXIS OF NSAID ASSOCIATED GASTROPATHY WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PRADAXA

Products Affected

Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ELIQUIS OR XARELTO, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PROSTAGLANDINS - NON PREF

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- VYZULTA 0.024 % EYE DROPS

Details

Criteria	On-line prescription drug claim history showing 15 days use of latanoprost AND either Travatan Z or Zioptan within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.
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ROZEREM

Products Affected

Step 2:

- *ramelteon 8 mg tablet*
- ROZEREM 8 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF SILENOR WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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SPRITAM

Products Affected

Step 2:

- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LEVETIRACETAM ORAL SOLUTION WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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SYMBICORT

Products Affected

Step 2:

- SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER
- SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER THE FORMULARY VERSION OF FLUTICASONE-SALMETEROL AND DULERA, OR FORMULARY VERSION OF FLUTICASONE-SALMETEROL AND BREO ELLIPTA WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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TUDORZA

Products Affected

Step 2:

- TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED
- TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED (30 ACTUAT)

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF SPIRIVA WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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ULORIC

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ALLOPURINOL WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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VELPHORO

Products Affected

Step 2:

- VELPHORO 500 MG CHEWABLE TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF CALCIUM ACETATE AND EITHER SEVELAMER CARBONATE or LANTHANUM CARBONATE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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XULTOPHY

Products Affected

Step 2:

- XULTOPHY 100/3.6 100 UNIT-3.6
MG/ML (3 ML) SUBCUTANEOUS
INSULIN PEN

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ONE FORMULARY GLP-1 AGONIST OR ONE FORMULARY BASAL INSULIN PRODUCT, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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