PNR ANTIDEP AUVELITY

MEDICATION(S) SUBJECT TO STEP THERAPY

AUVELITY

CRITERIA

Must try two generic antidepressant agents (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

CYMBALTA

CRITERIA

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

MEDICATION(S) SUBJECT TO STEP THERAPY

DRIZALMA SPRINKLE

CRITERIA

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

MEDICATION(S) SUBJECT TO STEP THERAPY

APLENZIN, BUPROPION HCL XL 450 MG TABLET, CELEXA, CITALOPRAM HBR 30 MG CAPSULE, DESVENLAFAXINE ER, DULOXETINE HCL DR 120 MG CAP, DULOXETINE HCL DR 80 MG CAP, DULOXETINE HCL DR 90 MG CAP, EFFEXOR XR, ESCITALOPRAM 15 MG CAPSULE, EXXUA, FETZIMA, FLUOXETINE DR, FLUOXETINE HCL 60 MG TABLET, FORFIVO XL, LEXAPRO, PAROXETINE HCL 10 MG/5 ML SUSP, PAXIL, PAXIL CR, PRISTIQ, PROZAC, REMERON, SERTRALINE 150 MG CAPSULE, SERTRALINE 200 MG CAPSULE, TRINTELLIX, VENLAFAXINE BESYLATE ER, VIIBRYD, WELLBUTRIN SR, WELLBUTRIN XL, ZOLOFT

CRITERIA

Must try a generic antidepressant agent (i.e. SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

GABAPENTIN ER, GRALISE ER 300 MG TABLET, GRALISE ER 450 MG TABLET, GRALISE ER 600 MG TABLET, GRALISE ER 750 MG TABLET, GRALISE ER 900 MG TABLET, HORIZANT

CRITERIA

Must try immediate-release gabapentin

MEDICATION(S) SUBJECT TO STEP THERAPY

KERENDIA

CRITERIA

Must try one product containing a SGLT2

MEDICATION(S) SUBJECT TO STEP THERAPY

CRINONE 4% GEL

CRITERIA

Must try one of the following: generic micronized progesterone, generic progesterone in oil, generic medroxyprogesterone acetate, combination or progesterone-only oral contraceptive, norethindrone, vaginal contraceptive, or contraceptive patch

MEDICATION(S) SUBJECT TO STEP THERAPY

CRINONE 8% GEL

CRITERIA

Must try Endometrin

MEDICATION(S) SUBJECT TO STEP THERAPY

ABILIFY MYCITE

CRITERIA

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

SEROQUEL XR 150 MG TABLET, SEROQUEL XR 200 MG TABLET, SEROQUEL XR 300 MG TABLET, SEROQUEL XR 400 MG TABLET, SEROQUEL XR 50 MG TABLET

CRITERIA

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

ZYPREXA 10 MG TABLET, ZYPREXA 15 MG TABLET, ZYPREXA 2.5 MG TABLET, ZYPREXA 20 MG TABLET, ZYPREXA 5 MG TABLET, ZYPREXA 7.5 MG TABLET, ZYPREXA ZYDIS

CRITERIA

Must try a generic atypical antipsychotic or generic fluoxetine

MEDICATION(S) SUBJECT TO STEP THERAPY

INVEGA

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

RISPERDAL, RISPERIDONE 0.25 MG ODT

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

CLOZARIL, COBENFY, COBENFY STARTER PACK, FANAPT, GEODON 20 MG CAPSULE, GEODON 40 MG CAPSULE, GEODON 60 MG CAPSULE, GEODON 80 MG CAPSULE, LATUDA, LYBALVI, QUETIAPINE 150 MG TABLET, SAPHRIS, SECUADO, SEROQUEL, VERSACLOZ

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

ABILIFY, OPIPZA

CRITERIA

Must try a generic atypical antipsychotic, generic haloperidol, pimozide, or generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

AURYXIA

CRITERIA

Must try one of the following: generic iron supplement, calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl; AND ferric citrate

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN, ALOGLIPTIN-METFORMIN, ALOGLIPTIN-PIOGLITAZONE, BRYNOVIN, JANUMET, JANUVIA, JENTADUETO, JENTADUETO XR, KAZANO, LINAGLIPTIN-METFORMIN, NESINA, OSENI, SAXAGLIPTIN HCL, SAXAGLIPTIN-METFORMIN ER, SITAGLIPTIN, SITAGLIPTIN-METFORMIN, SITAGLIPTIN-METFORMIN ER, TRADJENTA, ZITUVIMET, ZITUVIMET XR, ZITUVIO

CRITERIA

Must try sitagliptin, sitagliptin-metformin, sitagliptin-metformin XR, or Janumet XR

MEDICATION(S) SUBJECT TO STEP THERAPY

FERRIC CITRATE

CRITERIA

Must try one of the following: generic iron supplement, calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl

MEDICATION(S) SUBJECT TO STEP THERAPY

LYRICA CR

CRITERIA

Must try generic pregabalin extended release AND generic pregabalin immediate release

MEDICATION(S) SUBJECT TO STEP THERAPY

ALVESCO, FLUTICASONE FUROATE, FLUTICASONE PROP 100MCG DISKUS, FLUTICASONE PROP 250 MCG DISK, FLUTICASONE PROP 50 MCG DISKUS, FLUTICASONE PROPIONATE HFA

CRITERIA

Must try Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, or Qvar HFA

MEDICATION(S) SUBJECT TO STEP THERAPY

ADVAIR DISKUS

CRITERIA

Must try generic fluticasone propionate-salmeterol aerosol powder

MEDICATION(S) SUBJECT TO STEP THERAPY

ANAPROX DS, ARTHROTEC 50, ARTHROTEC 75, CAMBIA, CELEBREX, COMBOGESIC, COXANTO, DAYPRO, DICLOFENAC, DOLOBID, EC-NAPROSYN, FENOPROFEN 200 MG CAPSULE, FENOPROFEN 400 MG CAPSULE, FENOPROFEN 600 MG TABLET, FLURBIPROFEN 100 MG TABLET, IBUPROFEN 300 MG TABLET, INDOCIN 25 MG/5 ML SUSPENSION, KETOPROFEN 25 MG CAPSULE, KETOPROFEN 50 MG CAPSULE, KETOPROFEN 75 MG CAPSULE, KETOPROFEN ER 200 MG CAPSULE, KIPROFEN, LODINE, LURBIPR, LURBIRO, MECLOFENAMATE 100 MG CAPSULE, MECLOFENAMATE 50 MG CAPSULE, MELOXICAM 7.5 MG/5 ML SUSP, NALFON, NAPRELAN, NAPROSYN, NAPROXEN SOD ER 750 MG TABLET, ORUDIS, OXAPROZIN 300 MG CAPSULE, RELAFEN DS, TOLECTIN 600, TOLECTIN DS, TOLMETIN SODIUM, VIVLODEX, VYSCOXA, ZIPSOR, ZORVOLEX, ZYBIC

CRITERIA

Must try two prescription strength generic oral NSAIDs

MEDICATION(S) SUBJECT TO STEP THERAPY

PANCREAZE, PERTZYE, VIOKACE

CRITERIA

Must try both Creon and Zenpep

MEDICATION(S) SUBJECT TO STEP THERAPY

FOSRENOL, RENVELA, VELPHORO

CRITERIA

Must try one of the following: calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl; AND ferric citrate

MEDICATION(S) SUBJECT TO STEP THERAPY

ADAPALENE 0.1% SOLUTION, ADAPALENE 0.1% SWAB

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

AKLIEF

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTRENO

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

ARAZLO

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

ATRALIN, RETIN-A 0.025% CREAM, RETIN-A 0.05% CREAM, RETIN-A 0.1% CREAM

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

EPIDUO FORTE

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

FABIOR, TAZAROTENE 0.1% FOAM

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

RETIN-A 0.01% GEL, RETIN-A 0.025% GEL, RETIN-A MICRO, RETIN-A MICRO PUMP, TRETINOIN GEL MICRO 0.04% PUMP, TRETINOIN GEL MICRO 0.04% TUBE, TRETINOIN GEL MICRO 0.1% PUMP, TRETINOIN GEL MICRO 0.1% TUBE

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

TAZORAC 0.05% GEL, TAZORAC 0.1% CREAM, TAZORAC 0.1% GEL

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

TWYNEO

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

BRENZAVVY, INPEFA, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO

CRITERIA

Must try one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR; AND one of the following: dapagliflozin, Farxiga, Xigduo

MEDICATION(S) SUBJECT TO STEP THERAPY

FARXIGA

CRITERIA

Must try dapagliflozin

MEDICATION(S) SUBJECT TO STEP THERAPY

DAPAGLIFLOZIN-SAXAGLIPTIN, QTERN, STEGLUJAN

CRITERIA

Must try Glyxambi or Trijardy XR

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTOPREV, ATORVALIQ, CRESTOR, EZALLOR SPRINKLE, FLOLIPID, LESCOL XL, LIPITOR, LIVALO, ROSUVASTATIN-EZETIMIBE, ROSZET, VYTORIN, ZOCOR, ZYPITAMAG

CRITERIA

Must try a generic statin or a statin combination

MEDICATION(S) SUBJECT TO STEP THERAPY

ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, ACCU-CHEK SMARTVIEW TEST STRIP, ACCUTREND GLUCOSE TEST STRIP, ADVANCED GLUCOSE TEST STRIP, ADVANCED GLUCOSE TEST STRIPS, ADVOCATE REDI-CODE+, AGAMATRIX AMP TEST STRIPS, AGAMATRIX JAZZ TEST STRIP, AGAMATRIX PRESTO TEST STRIPS, ASSURE 4 TEST STRIPS, ASSURE PLATINUM TEST STRIPS, ASSURE PLATINUM TEST STRIP, ASSURE PRISM MULTI TEST STRIPS, BLOOD GLUCOSE TEST STRIP, BLULINK GLUCOSE TEST STRIP, CARESENS N TEST STRIPS, CARESENS S TEST STRIP, CARETOUCH TEST STRIP, CLEVER CHOICE MICRO TEST STRIP, CLEVER CHOICE PRO TEST STRIP, CLEVER CHOICE TALK TEST STRIPS, CLEVER CHOICE TEST STRIPS, CLEVER CHOICE VOICE+ TST STRIP, DIATRUE PLUS TEST STRIP, EASY PLUS II TEST STRIP, EASY STEP GLUCOSE TEST STRIPS, EASY TALK GLUCOSE TEST STRIP, EASY TALK PLUS II TEST STRIP, EASY TOUCH BLULINK TEST STRIP, EASY TOUCH TEST STRIP, EASY TRAK GLUCOSE TEST STRIP, EASY TRAK II TEST STRIP, EASYGLUCO TEST STRIPS, EASYMAX GLUCOSE TEST STRIPS, EASYMAX 15 GLUCOSE TEST STRIP, ELEMENT COMPACT TEST STRIPS, ELEMENT TEST STRIPS, EMBRACE GLUCOSE TEST STRIPS, EMBRACE TEST STRIPS, EMBRACE EVO TEST STRIPS, EMBRACE PRO TEST STRIP, EMBRACE TALK TEST STRIP, EMBRACE WAVE GLUCOSE TEST STRP, EVENCARE GLUCOSE TST STRIPS, EVENCARE G2 TEST STRIP, EVENCARE G3 TEST STRIP, EVENCARE MINI GLUCOSE TEST STR, EVENCARE PROVIEW TEST STRIP, EVOLUTION TEST STRIPS, FORA 6 CONNECT GLUCOSE STRIP, FORA 6CONN-GTEL-TN'G ADV STRIP, FORA D15G, FORA D20 GLUCOSE TEST STRIPS, FORA D40-G31 TEST STRIPS, FORA G20 GLUCOSE TEST STRIPS, FORA G30-PREMIUM V10 TEST STRP, FORA GD50 TEST STRIPS, FORA GTEL GLUCOSE TEST STRIP, FORA TEST STRIP, FORA TN'G ADVAN PRO TEST STRIP, FORA TN'G VOICE TEST STRIPS, FORA V10 GLUCOSE TEST STRIP, FORA V10-V12-D10-D20 STRIPS, FORA V12 GLUCOSE TEST STRIP, FORA V20 GLUCOSE TEST STRIPS, FORA V30A GLUCOSE TEST STRIP, FORACARE GD20 TEST STRIPS, FORACARE GD40, GE100 BLOOD GLUCOSE TEST STRIP, GE333 BLOOD GLUCOSE TEST STRIP, GLUCO NAVII GLUCOSE TEST STRIP, GLUCOCARD 01 SENSOR PLUS, GLUCOCARD EXPRESSION TEST STRP, GLUCOCARD SHINE TEST STRIPS, GLUCOCARD VITAL TEST STRIPS, GLUCOCARD VITAL SENSOR, GLUCOCOM GLUCOSE, GLUCOSE TEST STRIP, GOJJI BLOOD GLUCOSE TEST STRIP, GOJJI LANCET-GLUCOSE TEST STRP, HARMONY GLUCOSE TEST STRIP, HEALTHPRO GLUCOSE TEST STRIPS, IHEALTH GLUCOSE TEST STRIP, INFINITY TEST STRIPS, MICRO, MICRODOT TEST STRIPS, MICRODOT XTRA, MOBI BLOOD GLUCOSE TEST STRIP, MYGLUCOHEALTH TEST STRIPS, NEUTEK 2TEK TEST STRIPS, NOVA MAX GLUCOSE TEST STRIPS, ON CALL EXPRESS TEST STRIP, ONETOUCH ULTRA TEST STRIP, ONETOUCH VERIO TEST STRIP, PHARMACIST CHOICE TEST STRIPS, PIP BLOOD GLUCOSE TEST STRIP, PLATINUM TEST STRIP, PREMIER TEST STRIP, PREMIUM BLOOD GLUCOSE TEST, PREMIUM V10 GLUCOSE TEST STRIP, PRO VOICE V8-V9 TEST STRIP, PRODIGY NO CODING, QUINTET GLUCOSE TEST STRIPS, QUINTET

AC GLUCOSE TEST STRIPS, REFUAH PLUS TEST STRIPS, RELION CONFIRM-MICRO, RELION PRIME TEST STRIPS, RIGHTEST GS100 TEST STRIP, RIGHTEST GS300 TEST STRIP, RIGHTEST GS550 TEST STRIP, RIGHTEST GT333 TEST STRIP, SMART SENSE TEST STRIPS, SMARTEST TEST, SOLUS V2 TEST STRIPS, SURE-TEST EASYPLUS MINI STRIP, TD GOLD LEVEL 2 CONTROL SOL, TELCARE TEST STRIPS, TEST N'GO GLUCOSE TEST STRIP, TEST STRIPS, TRUE METRIX GLUCOSE TEST STRIP, TRUE METRIX PRO TEST STRIP, TRUENESS GLUCOSE TEST STRIP, TRUETEST TEST STRIPS, TRUETRACK TEST STRIP, RELION ULTIMA TEST STRIPS, UNISTRIP1, VIVAGUARD INO TEST STRIP

CRITERIA

Must try any preferred Ascensia or Abbott product (Contour, Freestyle)

MEDICATION(S) SUBJECT TO STEP THERAPY

ACANYA, ACZONE, AMZEEQ, AZELEX, BENZAMYCIN, CABTREO, CLEOCIN T, CLINDAGEL, EPSOLAY, ERY, ERYGEL, ERYTHROMYCIN 2% GEL, FINACEA, KLARON, NORITATE, ONEXTON GEL PUMP, ZIANA, ZILXI

CRITERIA

Must try two preferred topical antibiotic products (i.e., topical generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide and combinations, azelaic acid gel)

MEDICATION(S) SUBJECT TO STEP THERAPY

ELIDEL, PIMECROLIMUS

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

EUCRISA

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

TACROLIMUS 0.03% OINTMENT, TACROLIMUS 0.1% OINTMENT

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

LYRICA, PREGABALIN ER

CRITERIA

Must try generic immediate release pregabalin

MEDICATION(S) SUBJECT TO STEP THERAPY

SAVELLA

CRITERIA

Must try generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, tramadol, cyclobenzaprine, or pregabalin

MEDICATION(S) SUBJECT TO STEP THERAPY

SYMBRAVO

CRITERIA

Must try generic rizatriptan in combination with meloxicam, AND a second generic triptan (eletriptan, naratriptan, sumatriptan, or zolmitriptan) in combination with meloxicam

MEDICATION(S) SUBJECT TO STEP THERAPY

ALMOTRIPTAN MALATE, FROVA, FROVATRIPTAN SUCCINATE, IMITREX, MAXALT, MAXALT MLT, ONZETRA XSAIL, RELPAX, SUMATRIPTAN SUCC-NAPROXEN SOD, SUMATRIPTAN 4 MG/0.5 ML CART, SUMATRIPTAN 6 MG/0.5 ML CART, TOSYMRA, TREXIMET, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN 2.5MG NASAL SPRAY, ZOLMITRIPTAN 5 MG NASAL SPRAY, ZOMIG 2.5 MG NASAL SPRAY, ZOMIG 5 MG NASAL SPRAY

CRITERIA

Must try a generic triptan (eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)

MEDICATION(S) SUBJECT TO STEP THERAPY

DETROL, DETROL LA, GEMTESA, MYRBETRIQ, TOVIAZ, VESICARE, VESICARE LS

CRITERIA

Must try a generic urinary incontinence agent

MEDICATION(S) SUBJECT TO STEP THERAPY

OXYTROL

CRITERIA

Must try a generic urinary incontinence agent

MEDICATION(S) SUBJECT TO STEP THERAPY

EDLUAR

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

AMBIEN, AMBIEN CR, BELSOMRA, DAYVIGO, LUNESTA, QUVIVIQ, ROZEREM, SILENOR, ZOLPIDEM TARTRATE 7.5 MG CAP

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TART 1.75 MG TAB SL, ZOLPIDEM TART 3.5 MG TABLET SL

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

ACIPHEX, ACIPHEX SPRINKLE, RABEPRAZOLE DR 10 MG SPRNKL CP

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

PREVACID

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

NEXIUM

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

PRILOSEC

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

PROTONIX

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

VOQUEZNA

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

KONVOMEP, ZEGERID

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole