

# ANTIPSYCHOTICS (ORAL) - PST

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## Products Affected

### Step 2:

- LYBALVI 10 MG-10 MG TABLET
- LYBALVI 15 MG-10 MG TABLET
- LYBALVI 20 MG-10 MG TABLET
- LYBALVI 5 MG-10 MG TABLET

## Details

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<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve if the patient is currently taking Lybalvi. Approve if the patient has taken Lybalvi at any time in the past.
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# BASAL INSULIN- PST

## Products Affected

### Step 2:

- BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- BASAGLAR TEMPO PEN (U-100) INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- INSULIN DEGLUDEC (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN
- LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- SEMGLEE (INSULIN GLARGINE-YFGN) 100 UNIT/ML SUBCUTANEOUS SOLUTION
- SEMGLEE (INSULIN GLARGINE-YFGN) PEN 100 UNIT/ML (3 ML) SUBCUTANEOUS
- TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

## Details

<b>Criteria</b>	<p>If the patient has tried two step 1 products, approve the requested step 2 product. Approve Levemir or Levemir Flextouch without a trial of a Step 1 drug if the patient is pregnant. Approve Levemir or Levemir Flextouch in patients who are greater than or equal to 2 but less than 6 years old without a trial of a Step 1 drug. Approve Tresiba (insulin degludec) if the patient is greater than or equal to 1 but less than 6 years old without a trial of a Step 1 product. If the patient is requesting a non-glargine product (Levemir [insulin detemir] or Tresiba [insulin degludec]), approve if the patient has tried any one glargine product in the past (step 1 or step 2 glargine product). If the patient is requesting Levemir and has Type 1 diabetes and is currently taking Levemir, approve without a trial of any other drugs. If the patient is requesting Tresiba (INSULIN DEGLUDEC) and has Type 1 diabetes and is currently taking Tresiba (INSULIN DEGLUDEC), approve without a trial of any other drugs.</p>
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# BOWEL EVACUANT COMBINATIONS

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## Products Affected

### Step 2:

- CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION
- CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 ML ORAL SOLUTION
- SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION

## Details

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<b>Criteria</b>	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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# BRAND NSAIDS

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## Products Affected

### Step 2:

- CAMBIA 50 MG ORAL POWDER PACKET
- KETOROLAC 15.75 MG/SPRAY NASAL SPRAY
- NALFON 400 MG CAPSULE
- SPRIX 15.75 MG/SPRAY NASAL SPRAY

## Details

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<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Approve Sprix (ketorolac nasal spray) for patients with difficulty swallowing or who cannot swallow without a trial of a step 1 drug. Approve Cambia without a trial of a step 1 drug if the indication is migraine attacks.
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# DEXTROMETHORPHAN/BUPROPION

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## Products Affected

### Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

## Details

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<b>Criteria</b>	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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# DPP-4 INHIBITORS-PST

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## Products Affected

### Step 2:

- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRADJENTA 5 MG TABLET

## Details

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<b>Criteria</b>	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug.
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# HMG CO-A REDUCTASE INHIBITORS

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## Products Affected

### Step 2:

- ATORVALIQ 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- EZALLOR SPRINKLE 10 MG CAPSULE
- EZALLOR SPRINKLE 20 MG CAPSULE
- EZALLOR SPRINKLE 40 MG CAPSULE
- EZALLOR SPRINKLE 5 MG CAPSULE
- FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION
- LIVALO 1 MG TABLET
- LIVALO 2 MG TABLET
- LIVALO 4 MG TABLET

## Details

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<b>Criteria</b>	If the patient has tried two step 1 drugs, approve the requested step 2 drug. If the patient has tried a brand name version of two of the step 1 generic drugs in the past, approve the requested step 2 drug without a trial of a step 1 drug. If the patient is requesting Flolipid or Ezallor Sprinkle and cannot or has difficulty swallowing tablets or capsules, approve the requested drug without a trial of a step 1 drug.
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# INHALED LA MUSCARINIC AGENTS- PST

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## Products Affected

### Step 2:

- INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.
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# LOOP DIURETICS

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## Products Affected

### Step 2:

- FUROSCIX 80 MG/10 ML  
SUBCUTANEOUS WEARABLE  
INJECTOR KIT

## Details

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<b>Criteria</b>	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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# MIGRAINE

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## Products Affected

### Step 2:

- TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY

## Details

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<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient has a contraindication to triptan products, approve the requested Step 2 drug.
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# OMEGA-3 FATTY ACIDS

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## Products Affected

### Step 2:

- VASCEPA 0.5 GRAM CAPSULE
- VASCEPA 1 GRAM CAPSULE

## Details

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Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.
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# OPHTHALMIC PROSTAGLANDINS-PST

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## Products Affected

### Step 2:

- VYZULTA 0.024 % EYE DROPS
- XELPROS 0.005 % EYE DROP EMULSION
- ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Zioptan or Xelpros if the patient has a known benzalkonium chloride (BAK) sensitivity or a known sensitivity to other ophthalmic preservatives without a trial of a step 1 drug.
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# OPIOID-NSAID COX-II COMBINATION

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## Products Affected

### Step 2:

- SEGLENTIS 44 MG-56 MG TABLET

## Details

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<b>Criteria</b>	If the patient has tried tramadol tablets and celecoxib capsules as separate agents, approve Seglentis.
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# OVERACTIVE BLADDER - PST

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## Products Affected

### Step 2:

- GEMTESA 75 MG TABLET

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. If the patient has uncontrolled hypertension, approve Gemtesa.
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# PULMONARY ANTI-INFLAMMATORY - PST

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## Products Affected

### Step 2:

- ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER
- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER

## Details

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Criteria	
	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient is less than 5 years of age and has a low inspiratory flow rate and is unable to use a dry powder inhaler, approve fluticasone propionate HFA or Flovent HFA, if the patient has tried Qvar. If the patient is being treated for eosinophilic esophagitis, approve fluticasone propionate HFA or Flovent HFA without a trial of a Step 1 agent.

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# RAPID-ACTING INSULIN-PST

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## Products Affected

### Step 2:

- HUMALOG TEMPO PEN (U-100)  
INSULIN 100 UNIT/ML  
SUBCUTANEOUS
- INSULIN LISPRO (U-100) 100  
UNIT/ML SUBCUTANEOUS HALF-  
UNIT PEN
- INSULIN LISPRO (U-100) 100  
UNIT/ML SUBCUTANEOUS PEN
- INSULIN LISPRO PROTAMINE-  
LISPRO 100 UNIT/ML (75-25)  
SUBCUTANEOUS PEN
- LYUMJEV TEMPO PEN (U-100)  
INSULIN 100 UNIT/ML  
SUBCUTANEOUS

## Details

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<b>Criteria</b>	If the patient is requesting a Step 2 drug that is a lispro product, approve if the patient has tried two step 1 drugs. If the patient is requesting a Step 2 drug that is an aspart product, approve if the patient has tried one lispro product in the past (step 1 or a step 2 lispro product). If the patient is requesting a Step 2 drug that is a glulsine product, approve if the patient has tried one lispro product in the past (step 1 or a step 2 lispro product). If the patient is using an insulin pump that is not compatible with insulin lispro, approve the requested step 2 drug.
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# SHORT ACTING INHALED BRONCHODILATORS

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## Products Affected

### Step 2:

- LEVALBUTEROL HFA 45 MCG/ACTUATION AEROSOL INHALER
- PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Proair Respiclick or Proair Digihaler for patients who are unable to coordinate breath and actuation with a metered dose inhaler without a trial of a step 1 drug.
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# SYNTHROID

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## Products Affected

### Step 2:

- SYNTHROID 100 MCG TABLET
- SYNTHROID 112 MCG TABLET
- SYNTHROID 125 MCG TABLET
- SYNTHROID 137 MCG TABLET
- SYNTHROID 150 MCG TABLET
- SYNTHROID 175 MCG TABLET
- SYNTHROID 200 MCG TABLET
- SYNTHROID 25 MCG TABLET
- SYNTHROID 300 MCG TABLET
- SYNTHROID 50 MCG TABLET
- SYNTHROID 75 MCG TABLET
- SYNTHROID 88 MCG TABLET

## Details

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Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.

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# TOPICAL PRODUCTS FOR ROSACEA

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## Products Affected

### Step 2:

- EPSOLAY 5 % TOPICAL CREAM
- FINACEA 15 % TOPICAL FOAM
- ZILXI 1.5 % TOPICAL FOAM

## Details

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<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug.
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ZILXI 1.5 % TOPICAL FOAM ..... 19

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