

ANTIPSYCHOTICS (ORAL) - PST

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

Criteria	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)
SUBCUT PEN,SENSR
- 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 (U-300) CONC.
300 UNIT/ML (1.5 ML)
SUBCUTANEOUS PEN
- INSULIN GLARGINE (U-300) CONC.
300 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

Criteria	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.
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BOWEL EVACUANT COMBINATIONS

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
- SUFLAVE 178.7 GRAM-7.3 GRAM-0.5 GRAM ORAL SOLUTION
- SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION

Details

Criteria	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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BRAND NSAIDS

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
- TOLECTIN 600 600 MG TABLET

Details

Criteria	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

Products Affected

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

Criteria	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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HMG CO-A REDUCTASE INHIBITORS

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

Criteria	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, Atorvaliq or Ezallor 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

Products Affected

Step 2:

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

Details

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

Products Affected

Step 2:

- MOTPOLY XR 100 MG
CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 150 MG
CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 200 MG
CAPSULE,EXTENDED RELEASE

Details

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

Products Affected

Step 2:

- FUROSCIX 80 MG/10 ML
SUBCUTANEOUS WEARABLE
INJECTOR KIT

Details

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

Products Affected

Step 2:

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

Details

Criteria	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

Products Affected

Step 2:

- VASCEPA 0.5 GRAM CAPSULE
- VASCEPA 1 GRAM CAPSULE

Details

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

Products Affected

Step 2:

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

Details

Criteria	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

Products Affected

Step 2:

- SEGLENTIS 44 MG-56 MG TABLET

Details

Criteria	If the patient has tried tramadol tablets and celecoxib capsules as separate agents, approve Seglentis.
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PULMONARY ANTI-INFLAMMATORY - PST

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
- FLUTICASONE PROPIONATE 100 MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 250 MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 50 MCG/ACTUATION BLISTER POWDER FOR INHALATION

Details

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.

RAPID-ACTING INSULIN-PST

Products Affected

Step 2:

- HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR
- 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 PEN, SENSOR

Details

Criteria	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

Products Affected

Step 2:

- AIRSUPRA 90 MCG-80
MCG/ACTUATION HFA AEROSOL
INHALER
- LEVALBUTEROL HFA 45
MCG/ACTUATION AEROSOL
INHALER
- PROAIR RESPICLICK 90
MCG/ACTUATION BREATH
ACTIVATED

Details

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

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

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

TOPICAL PRODUCTS FOR ROSACEA

Products Affected

Step 2:

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

Details

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