

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS EGWP STANDARD

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 40 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine (pmd) 10 mg tablet*
- *fluoxetine (pmd) 20 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 10 mg tablet*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg tablet*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluoxetine 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*

- *venlafaxine er 150 mg tablet,extended release 24 hr*
- *venlafaxine er 225 mg tablet,extended release 24 hr*
- *venlafaxine er 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 37.5 mg tablet,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg tablet,extended release 24 hr*

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE
- FETZIMA 120 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK
- FETZIMA 20 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine tablets, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Auvelity and Fetzima. The member must have tried a 30-day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.</p>
-----------------	---

ANTI-INFLAMMATORY/BETA AGONIST COMBINATIONS EGWP STANDARD

Products Affected

Step 1:

- ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER
- BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION
- *fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- FLUTICASONE PROPIONATE 115 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- FLUTICASONE PROPIONATE 230 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- FLUTICASONE PROPIONATE 45 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- *wixela inhub 100 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 250 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 500 mcg-50 mcg/dose powder for inhalation*

Step 2:

- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	Step-1 Drugs: Breo Ellipta, Advair HFA, Wixela Inhub, and fluticasone/salmeterol. Step-2 Drug: Dulera. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	--

ASTHMA EGWP STANDARD

Products Affected

Step 1:

- 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

Step 2:

- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, fluticasone propionate diskus and fluticasone propionate HFA. Step-2 Drugs: Asmanex and Qvar. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	---

BISPHOSPHONATE EGWP STANDARD

Products Affected

Step 1:

- *alendronate 10 mg tablet*
- *alendronate 35 mg tablet*
- *alendronate 70 mg tablet*
- *alendronate 70 mg/75 ml oral solution*
- *ibandronate 150 mg tablet*
- *risedronate 150 mg tablet*
- *risedronate 30 mg tablet*
- *risedronate 35 mg tablet*
- *risedronate 35 mg tablet (12 pack)*
- *risedronate 35 mg tablet (4 pack)*
- *risedronate 35 mg tablet, delayed release*
- *risedronate 5 mg tablet*

Step 2:

- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET

Details

Criteria	Step-1 Drugs: alendronate sodium, ibandronate sodium tablets, and risedronate sodium. Step-2 Drug: Fosamax Plus D. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

DIPENTUM EGWP STANDARD

Products Affected

Step 1:

- *balsalazide 750 mg capsule*
- *mesalamine 1.2 gram tablet, delayed release*
- *mesalamine 400 mg capsule (with delayed release tablets inside)*
- *mesalamine 800 mg tablet, delayed release*
- *mesalamine er 0.375 gram capsule, extended release 24 hr*
- *mesalamine er 500 mg capsule, extended release*
- *sulfasalazine 500 mg tablet*
- *sulfasalazine 500 mg tablet, delayed release*

Step 2:

- DIPENTUM 250 MG CAPSULE

Details

Criteria	Step-1 Drugs: balsalazide, mesalamine DR, mesalamine ER, and sulfasalazine. Step-2 Drug: Dipentum. The member must have tried a 30-day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	--

FEBUXOSTAT EGWP STANDARD

Products Affected

Step 1:

- *allopurinol 100 mg tablet*
- *allopurinol 300 mg tablet*

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

Criteria
Step-1 Drug: allopurinol. Step-2 Drug: febuxostat. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Authorization for febuxostat will be given if the patient is receiving concomitant medications that have significant drug-drug interactions with the Step-1 agent (allopurinol) which are not noted with febuxostat tablets (e.g., cyclosporine, chlorpropamide).

INHALED LAMA/LABA COMBO PRODUCTS EGWP STANDARD

Products Affected

Step 1:

- ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION

Step 2:

- STIOLTO RESPIMAT 2.5 MCG-2.5
MCG/ACTUATION SOLUTION FOR
INHALATION

Details

Criteria	Step-1 Drug: Anoro Ellipta. Step-2 Drug: Stiolto. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

INHALED LONG ACTING MUSCARINIC ANTAGONISTS EGWP STANDARD

Products Affected

Step 1:

- INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION

Step 2:

- SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION

Details

Criteria	Step-1 Drug: Incruse Ellipta. Step-2 Drugs: Spiriva Respimat. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	---

KLISYRI EGWP STANDARD

Products Affected

Step 1:

- FLUOROURACIL 0.5 % TOPICAL CREAM
- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 3.75 % topical cream in a pump*
- *imiquimod 3.75 % topical cream packet*
- *imiquimod 5 % topical cream packet*

Step 2:

- KLISYRI 1 % TOPICAL OINTMENT IN PACKET

Details

Criteria	Step-1 Drugs: imiquimod 5% cream, imiquimod 3.75% cream, fluorouracil 5% solution, fluorouracil 2% solution, fluorouracil 5% cream, and fluorouracil 0.5% cream. Step-2 Drug: Klisyri. The member must have tried a 14-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

METFORMIN ER (GENERIC FOR GLUMETZA) EGWP STANDARD

Products Affected

Step 1:

- *metformin er 1,000 mg tablet, extended release 24hr (osmotic)*
- *metformin er 500 mg tablet, extended release 24 hr*
- *metformin er 500 mg tablet, extended release 24hr (osmotic)*
- *metformin er 750 mg tablet, extended release 24 hr*

Step 2:

- *metformin er 1,000 mg 24 hr tablet, extended release (gastric reten.)*
- *metformin er 500 mg 24 hr tablet, extended release (gastric retention)*

Details

Criteria	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg osmotic tablets (generic Fortamet). Step-2 Drugs: metformin ER 500mg and 1000mg gastric release tablets (generic Glumetza). The member must have tried a 30-day supply or more of both generic Glucophage XR AND generic Fortamet within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	---

MOTPOLY XR EGWP

Products Affected

Step 1:

- *lacosamide 10 mg/ml oral solution*
- *lacosamide 100 mg tablet*
- *lacosamide 150 mg tablet*
- *lacosamide 200 mg tablet*
- *lacosamide 200 mg/20 ml intravenous solution*
- *lacosamide 50 mg tablet*

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	
	Step-1 Drug: lacosamide. Step-2 Drug: Motpoly XR. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.

RYALTRIS EGWP STANDARD

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Ryaltris. The member must have tried a 14-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

RYTARY EGWP STANDARD

Products Affected

Step 1:

- *carbidopa 10 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 10 mg-levodopa 100 mg tablet*
- *carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet*
- *carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 250 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 250 mg tablet*
- *carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet*
- *carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet*
- *carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet*
- *carbidopa er 25 mg-levodopa 100 mg tablet,extended release*
- *carbidopa er 50 mg-levodopa 200 mg tablet,extended release*

Step 2:

- RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE
- RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE
- RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE
- RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa ODT, and carbidopa/levodopa/entacapone. Step-2 Drug: Rytary. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

TRINTELLIX EGWP STANDARD

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 40 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine (pmd) 10 mg tablet*
- *fluoxetine (pmd) 20 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 10 mg tablet*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg tablet*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluoxetine 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 150 mg tablet, extended release 24 hr*
- *venlafaxine er 225 mg tablet, extended release 24 hr*

- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg tablet, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg tablet, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

Step 2:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

Details

<p>Criteria</p>	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine, and vilazodone. Step-2 Drugs: Trintellix. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.</p>
------------------------	--

TRIPTAN EGWP STANDARD

Products Affected

Step 1:

- *naratriptan 1 mg tablet*
- *naratriptan 2.5 mg tablet*
- *rizatriptan 10 mg disintegrating tablet*
- *rizatriptan 10 mg tablet*
- *rizatriptan 5 mg disintegrating tablet*
- *rizatriptan 5 mg tablet*
- *sumatriptan 100 mg tablet*
- *sumatriptan 20 mg/actuation nasal spray*
- *sumatriptan 25 mg tablet*
- *sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 4 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 5 mg/actuation nasal spray*
- *sumatriptan 50 mg tablet*
- *sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 6 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 6 mg/0.5 ml subcutaneous solution*

Step 2:

- *almotriptan malate 12.5 mg tablet*
- *almotriptan malate 6.25 mg tablet*
- *eletriptan 20 mg tablet*
- *eletriptan 40 mg tablet*
- *frovatriptan 2.5 mg tablet*

Details

Criteria	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate, and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan and frovatriptan. The member must have tried a 14-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	---

XHANCE EGWP STANDARD

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Xhance. The member must have tried a 14-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---

Index

A

ADVAIR HFA 115 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3

ADVAIR HFA 230 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3

ADVAIR HFA 45 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3

alendronate 10 mg tablet..... 6

alendronate 35 mg tablet..... 6

alendronate 70 mg tablet..... 6

alendronate 70 mg/75 ml oral solution 6

allopurinol 100 mg tablet..... 8

allopurinol 300 mg tablet..... 8

almotriptan malate 12.5 mg tablet 18

almotriptan malate 6.25 mg tablet 18

ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION..... 9

ARNUITY ELLIPTA 100
MCG/ACTUATION POWDER FOR
INHALATION..... 4, 5

ARNUITY ELLIPTA 200
MCG/ACTUATION POWDER FOR
INHALATION..... 4, 5

ARNUITY ELLIPTA 50
MCG/ACTUATION POWDER FOR
INHALATION..... 4, 5

ASMANEX HFA 100 MCG/ACTUATION
AEROSOL INHALER..... 4, 5

ASMANEX HFA 200 MCG/ACTUATION
AEROSOL INHALER..... 4, 5

ASMANEX HFA 50 MCG/ACTUATION
AEROSOL INHALER..... 4, 5

ASMANEX TWISTHALER 110
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 4, 5

ASMANEX TWISTHALER 220
MCG/ACTUATION(120 DOSES)
BREATH ACTIVATED INHLR 4, 5

ASMANEX TWISTHALER 220
MCG/ACTUATION(14 DOSES)
BREATH ACTIVATED INHALR..... 4, 5

ASMANEX TWISTHALER 220
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 4, 5

ASMANEX TWISTHALER 220
MCG/ACTUATION(60 DOSES)
BREATH ACTIVATED INHALR..... 4, 5

AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 2

B

balsalazide 750 mg capsule..... 7

BREO ELLIPTA 100 MCG-25
MCG/DOSE POWDER FOR
INHALATION..... 3

BREO ELLIPTA 200 MCG-25
MCG/DOSE POWDER FOR
INHALATION..... 3

BREO ELLIPTA 50 MCG-25 MCG/DOSE
POWDER FOR INHALATION 3

bupropion hcl 100 mg tablet 1, 2, 16, 17

bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 16, 17

bupropion hcl 75 mg tablet 1, 2, 16, 17

bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 16, 17

bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 16, 17

bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 16, 17

bupropion hcl xl 150 mg 24 hr tablet,
extended release 1, 2, 16, 17

bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 16, 17

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 15

carbidopa 10 mg-levodopa 100 mg tablet. 15

carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 15

carbidopa 18.75 mg-levodopa 75 mg-
entacapone 200 mg tablet..... 15

carbidopa 25 mg-levodopa 100 mg
 disintegrating tablet..... 15
 carbidopa 25 mg-levodopa 100 mg tablet. 15
 carbidopa 25 mg-levodopa 100 mg-
 entacapone 200 mg tablet..... 15
 carbidopa 25 mg-levodopa 250 mg
 disintegrating tablet..... 15
 carbidopa 25 mg-levodopa 250 mg tablet. 15
 carbidopa 31.25 mg-levodopa 125 mg-
 entacapone 200 mg tablet..... 15
 carbidopa 37.5 mg-levodopa 150 mg-
 entacapone 200 mg tablet..... 15
 carbidopa 50 mg-levodopa 200 mg-
 entacapone 200 mg tablet..... 15
 carbidopa er 25 mg-levodopa 100 mg
 tablet,extended release 15
 carbidopa er 50 mg-levodopa 200 mg
 tablet,extended release 15
 citalopram 10 mg tablet 1, 2, 16, 17
 citalopram 10 mg/5 ml oral solution 1, 2, 16,
 17
 citalopram 20 mg tablet 1, 2, 16, 17
 citalopram 40 mg tablet 1, 2, 16, 17

D

DIPENTUM 250 MG CAPSULE..... 7
 DULERA 100 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3
 DULERA 200 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3
 DULERA 50 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3
 duloxetine 20 mg capsule,delayed release . 1,
 2, 16, 17
 duloxetine 30 mg capsule,delayed release . 1,
 2, 16, 17
 duloxetine 40 mg capsule,delayed release . 1,
 2, 16, 17
 duloxetine 60 mg capsule,delayed release . 1,
 2, 16, 17

E

eletriptan 20 mg tablet 18
 eletriptan 40 mg tablet 18
 escitalopram 10 mg tablet 1, 2, 16, 17
 escitalopram 20 mg tablet 1, 2, 16, 17
 escitalopram 5 mg tablet 1, 2, 16, 17

escitalopram 5 mg/5 ml oral solution1, 2, 16,
 17

F

febuxostat 40 mg tablet..... 8
 febuxostat 80 mg tablet..... 8
 FETZIMA 120 MG
 CAPSULE,EXTENDED RELEASE..... 2
 FETZIMA 20 MG (2)-40 MG (26)
 CAPSULE,EXTENDED RELEASE,24
 HR,DOSE PACK..... 2
 FETZIMA 20 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FETZIMA 40 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FETZIMA 80 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FLUOROURACIL 0.5 % TOPICAL
 CREAM 11
 fluorouracil 2 % topical solution..... 11
 fluorouracil 5 % topical cream..... 11
 fluorouracil 5 % topical solution..... 11
 fluoxetine (pmdd) 10 mg tablet... 1, 2, 16, 17
 fluoxetine (pmdd) 20 mg tablet... 1, 2, 16, 17
 fluoxetine 10 mg capsule 1, 2, 16, 17
 fluoxetine 10 mg tablet 1, 2, 16, 17
 fluoxetine 20 mg capsule 1, 2, 16, 17
 fluoxetine 20 mg tablet 1, 2, 16, 17
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 16, 17
 fluoxetine 40 mg capsule 1, 2, 16, 17
 fluoxetine 60 mg tablet 1, 2, 16, 17
 fluoxetine 90 mg capsule,delayed release.. 1,
 2, 16, 17
 fluticasone 100 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 250 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 500 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 FLUTICASONE PROPIONATE 100
 MCG/ACTUATION BLISTER
 POWDER FOR INHALATION 4, 5
 FLUTICASONE PROPIONATE 110
 MCG/ACTUATION HFA AEROSOL
 INHALER..... 4, 5

FLUTICASONE PROPIONATE 115 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER 3

FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER 4, 5

FLUTICASONE PROPIONATE 230 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER 3

FLUTICASONE PROPIONATE 250 MCG/ACTUATION BLISTER POWDER FOR INHALATION 4, 5

FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER 4, 5

FLUTICASONE PROPIONATE 45 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER 3

FLUTICASONE PROPIONATE 50 MCG/ACTUATION BLISTER POWDER FOR INHALATION 4, 5

FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION 14, 19

fluvoxamine 100 mg tablet 1, 2, 16, 17

fluvoxamine 25 mg tablet 1, 2, 16, 17

fluvoxamine 50 mg tablet 1, 2, 16, 17

fluvoxamine er 100 mg capsule,extended release 24 hr 1, 2, 16, 17

fluvoxamine er 150 mg capsule,extended release 24 hr 1, 2, 16, 17

FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET 6

FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET 6

frovatriptan 2.5 mg tablet..... 18

I

ibandronate 150 mg tablet..... 6

imiquimod 3.75 % topical cream in a pump 11

imiquimod 3.75 % topical cream packet... 11

imiquimod 5 % topical cream packet..... 11

INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION..... 10

K

KLISYRI 1 % TOPICAL OINTMENT IN PACKET 11

L

lacosamide 10 mg/ml oral solution..... 13

lacosamide 100 mg tablet..... 13

lacosamide 150 mg tablet..... 13

lacosamide 200 mg tablet..... 13

lacosamide 200 mg/20 ml intravenous solution..... 13

lacosamide 50 mg tablet..... 13

M

mesalamine 1.2 gram tablet,delayed release7

mesalamine 400 mg capsule (with delayed release tablets inside) 7

mesalamine 800 mg tablet,delayed release . 7

mesalamine er 0.375 gram capsule,extended release 24 hr 7

mesalamine er 500 mg capsule,extended release 7

metformin er 1,000 mg 24 hr tablet,extended release (gastric reten.) 12

metformin er 1,000 mg tablet,extended release 24hr (osmotic)..... 12

metformin er 500 mg 24 hr tablet,extended release (gastric retention) 12

metformin er 500 mg tablet,extended release 24 hr 12

metformin er 500 mg tablet,extended release 24hr (osmotic)..... 12

metformin er 750 mg tablet,extended release 24 hr 12

mirtazapine 15 mg disintegrating tablet. 1, 2, 16, 17

mirtazapine 15 mg tablet..... 1, 2, 16, 17

mirtazapine 30 mg disintegrating tablet. 1, 2, 16, 17

mirtazapine 30 mg tablet..... 1, 2, 16, 17

mirtazapine 45 mg disintegrating tablet. 1, 2, 16, 17

mirtazapine 45 mg tablet..... 1, 2, 16, 17

mirtazapine 7.5 mg tablet..... 1, 2, 16, 17

MOTPOLY XR 100 MG CAPSULE,EXTENDED RELEASE.... 13

MOTPOLY XR 150 MG CAPSULE,EXTENDED RELEASE.... 13

MOTPOLY XR 200 MG
 CAPSULE,EXTENDED RELEASE.... 13

N
 naratriptan 1 mg tablet 18
 naratriptan 2.5 mg tablet 18

P
 paroxetine 10 mg tablet..... 1, 2, 16, 17
 paroxetine 20 mg tablet..... 1, 2, 16, 17
 paroxetine 30 mg tablet..... 1, 2, 16, 17
 paroxetine 40 mg tablet..... 1, 2, 16, 17
 paroxetine er 12.5 mg tablet,extended
 release 24 hr 1, 2, 16, 17
 paroxetine er 25 mg tablet,extended release
 24 hr 1, 2, 16, 17
 paroxetine er 37.5 mg tablet,extended
 release 24 hr 1, 2, 16, 17

Q
 QVAR REDIHALER 40
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 4, 5
 QVAR REDIHALER 80
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 4, 5

R
 risedronate 150 mg tablet..... 6
 risedronate 30 mg tablet..... 6
 risedronate 35 mg tablet..... 6
 risedronate 35 mg tablet (12 pack)..... 6
 risedronate 35 mg tablet (4 pack)..... 6
 risedronate 35 mg tablet,delayed release 6
 risedronate 5 mg tablet..... 6
 rizatriptan 10 mg disintegrating tablet 18
 rizatriptan 10 mg tablet 18
 rizatriptan 5 mg disintegrating tablet 18
 rizatriptan 5 mg tablet 18
 RYALTRIS 665 MCG-25 MCG/SPRAY
 NASAL SPRAY 14
 RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE.... 15
 RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE.... 15
 RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE.... 15
 RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE.... 15

S
 sertraline 100 mg tablet..... 1, 2, 16, 17
 sertraline 20 mg/ml oral concentrate 1, 2, 16,
 17
 sertraline 25 mg tablet..... 1, 2, 16, 17
 sertraline 50 mg tablet..... 1, 2, 16, 17
 SPIRIVA RESPIMAT 1.25
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10
 SPIRIVA RESPIMAT 2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10
 STIOLTO RESPIMAT 2.5 MCG-2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 9
 sulfasalazine 500 mg tablet..... 7
 sulfasalazine 500 mg tablet,delayed release 7
 sumatriptan 100 mg tablet..... 18
 sumatriptan 20 mg/actuation nasal spray .. 18
 sumatriptan 25 mg tablet..... 18
 sumatriptan 4 mg/0.5 ml subcutaneous
 cartridge (refill)..... 18
 sumatriptan 4 mg/0.5 ml subcutaneous pen
 injector 18
 sumatriptan 5 mg/actuation nasal spray 18
 sumatriptan 50 mg tablet..... 18
 sumatriptan 6 mg/0.5 ml subcutaneous
 cartridge (refill)..... 18
 sumatriptan 6 mg/0.5 ml subcutaneous pen
 injector 18
 sumatriptan 6 mg/0.5 ml subcutaneous
 solution..... 18

T
 trazodone 100 mg tablet..... 1, 2, 16, 17
 trazodone 150 mg tablet..... 1, 2, 16, 17
 trazodone 300 mg tablet..... 1, 2, 16, 17
 trazodone 50 mg tablet..... 1, 2, 16, 17
 TRINTELLIX 10 MG TABLET 17
 TRINTELLIX 20 MG TABLET 17
 TRINTELLIX 5 MG TABLET 17

V
 venlafaxine 100 mg tablet..... 1, 2, 16, 17
 venlafaxine 25 mg tablet..... 1, 2, 16, 17
 venlafaxine 37.5 mg tablet..... 1, 2, 16, 17
 venlafaxine 50 mg tablet..... 1, 2, 16, 17
 venlafaxine 75 mg tablet..... 1, 2, 16, 17

venlafaxine er 150 mg capsule,extended release 24 hr	1, 2, 16, 17
venlafaxine er 150 mg tablet,extended release 24 hr	2, 16, 17
venlafaxine er 225 mg tablet,extended release 24 hr	2, 16, 17
venlafaxine er 37.5 mg capsule,extended release 24 hr	2, 17
venlafaxine er 37.5 mg tablet,extended release 24 hr	2, 17
venlafaxine er 75 mg capsule,extended release 24 hr	2, 17
venlafaxine er 75 mg tablet,extended release 24 hr	2, 17

vilazodone 10 mg tablet	17
vilazodone 20 mg tablet	17
vilazodone 40 mg tablet	17

W

wixela inhub 100 mcg-50 mcg/dose powder for inhalation	3
wixela inhub 250 mcg-50 mcg/dose powder for inhalation	3
wixela inhub 500 mcg-50 mcg/dose powder for inhalation	3

X

XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL ...	19
---	----