

# ADLARITY EGWP STANDARD

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## Products Affected

### Step 1:

- *donepezil 10 mg disintegrating tablet*
- *donepezil 10 mg tablet*
- *donepezil 5 mg disintegrating tablet*
- *donepezil 5 mg tablet*

### Step 2:

- ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH
- ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH

## Details

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Criteria	Step-1 Drugs: Donepezil (5mg, 10mg) tablets and Donepezil ODT tablets. Step-2 Drugs: Adlarity. 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.
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# ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS EGWP STANDARD

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## 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
- PAXIL 10 MG/5 ML ORAL SUSPENSION

**Details**

<b>Criteria</b>	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.
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# 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

<b>Criteria</b>	Step-1 Drugs: Breo Ellipta, Advair HFA, Wixela Inhub, and fluticasone/salmeterol diskus. 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.
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# ASTHMA EGWP STANDARD

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## 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

<b>Criteria</b>	Step-1 Drugs: Arnuity Ellipta, Flovent Diskus and Flovent 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.
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# BISPHOSPHONATE EGWP STANDARD

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## 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

<b>Criteria</b>	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.
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# DHIVY PDP EGWP STANDARD

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## 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:

- DHIVY 25 MG-100 MG TABLET

## Details

<b>Criteria</b>	Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa ODT, and carbidopa/levodopa/entacapone. Step-2 Drug: Dhivy. 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.
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# DIPENTUM EGWP STANDARD

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## 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*
- *sulfasalazine 500 mg tablet*
- *sulfasalazine 500 mg tablet, delayed release*

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

<b>Criteria</b>	Step-1 Drugs: balsalazide, mesalamine DR, mesalamine ER, Pentasa, 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.
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# FEBUXOSTAT EGWP STANDARD

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## Products Affected

### Step 1:

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

### Step 2:

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

## Details

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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).

# GLAUCOMA EGWP STANDARD

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## Products Affected

### Step 1:

- ALPHAGAN P 0.1 % EYE DROPS
- *betaxolol 0.5 % eye drops*
- *bimatoprost 0.03 % eye drops*
- *brimonidine 0.1 % eye drops*
- *brimonidine 0.15 % eye drops*
- *brimonidine 0.2 % eye drops*
- *brimonidine 0.2 %-timolol 0.5 % eye drops*
- *brinzolamide 1 % eye drops, suspension*
- *carteolol 1 % eye drops*
- *dorzolamide 2 % eye drops*
- *dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops*
- *dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette*
- *latanoprost 0.005 % eye drops*
- *levobunolol 0.5 % eye drops*
- LUMIGAN 0.01 % EYE DROPS
- *pilocarpine 1 % eye drops*
- *pilocarpine 2 % eye drops*
- *pilocarpine 4 % eye drops*
- *timolol maleate 0.25 % eye drops*
- *timolol maleate 0.25 % eye gel forming solution*
- *timolol maleate 0.5 % eye drops*
- *timolol maleate 0.5 % eye gel forming solution*
- *timolol maleate 0.5 % once daily eye drops*
- TRAVATAN Z 0.004 % EYE DROPS
- *travoprost 0.004 % eye drops*

### Step 2:

- RHOPRESSA 0.02 % EYE DROPS
- ROCKLATAN 0.02 %-0.005 % EYE DROPS

## Details

<b>Criteria</b>	<p>Step-1 Drugs: Alphagan P, betaxolol, bimatoprost, brinzolamide, brimonidine, brimonidine/timolol, carteolol, Combigan, dorzolamide, dorzolamide/timolol, dorzolamide/timolol PF, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, timolol ophthalmic gel forming solution, travoprost, and Travatan Z. Step-2 Drugs: Rocklatan and Rhopressa. 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.</p>
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# INHALED LAMA/LABA COMBO PRODUCTS EGWP STANDARD

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## 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

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<b>Criteria</b>	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.
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# INHALED LONG ACTING MUSCARINIC ANTAGONISTS EGWP STANDARD

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## 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
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

## Details

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<b>Criteria</b>	Step-1 Drug: Incruse Ellipta. Step-2 Drugs: Spiriva and 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.
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# INVOKAMET EGWP ENHANCED

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## Products Affected

### Step 1:

- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE

### Step 2:

- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE

## Details

<b>Criteria</b>	Step-1 Drugs: Synjardy and Xigduo. Step-2 Drug: Invokamet. The member must have tried a 30-day supply or more of both 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.
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# INVOKANA EGWP STANDARD

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## Products Affected

### Step 1:

- FARXIGA 10 MG TABLET
- FARXIGA 5 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET

### Step 2:

- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET

## Details

<b>Criteria</b>	Step-1 Drugs: Jardiance and Farxiga. Step-2 Drug: Invokana. The member must have tried a 30-day supply or more of both 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.
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# KLISYRI EGWP STANDARD

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## 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

<b>Criteria</b>	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.
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# METFORMIN ER (GENERIC FOR GLUMETZA) EGWP STANDARD

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## 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

<b>Criteria</b>	<p>Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drugs: metformin ER 500mg and 1000mg 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.</p>
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# MOTPOLY XR EGWP

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## 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

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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.
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# RYALTRIS EGWP STANDARD

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## Products Affected

### Step 1:

- *fluticasone propionate 50 mcg/actuation nasal spray, suspension*

### Step 2:

- RYALTRIS 665 MCG-25 MCG/SPRAY  
NASAL SPRAY

## Details

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<b>Criteria</b>	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.
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# RYTARY EGWP STANDARD

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## 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

<b>Criteria</b>	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.
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# TRINTELLIX/VIIBRYD EGWP STANDARD

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## 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*
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- *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
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

**Details**

<b>Criteria</b>	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, and venlafaxine. 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>
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# 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

<b>Criteria</b>	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.
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# XHANCE EGWP STANDARD

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## Products Affected

### Step 1:

- *fluticasone propionate 50 mcg/actuation nasal spray, suspension*

### Step 2:

- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

## Details

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<b>Criteria</b>	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.
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