Step Therapy: In some cases, Dean Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition Dean Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Dean Advantage will then cover Drug B.

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION ABOUT OUR STEP THERAPY CRITERIA.

PENDING CMS APPROVAL

Dean Advantage is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Dean Advantage depends on contract renewal.

H9096_D_CH99_07_1601

Last updated 10/01/2017

Formulary ID: 00018356
Version: 8
### Products Affected
APLENZIN 174MG ER TAB

### Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.</th>
</tr>
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</table>
### Products Affected
APLENZIN 348MG ER TAB

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.</th>
</tr>
</thead>
</table>

Pending CMS Approval

Last Updated 9/25/2017
## Products Affected
APLENZIN 522MG ER TAB

## Details

| Criteria | Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days. |

Pending CMS Approval
**Products Affected**  
ARANESP 100MCG/0.5ML SYRINGE

**Details**

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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Pending CMS Approval

Pending CMS Approval

Last Updated  9/25/2017
# Products Affected

ARANESP 100MCG/ML INJ

## Details

<table>
<thead>
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<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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### Products Affected
ARANESP 10MCG/0.4ML SYRINGE

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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Pending CMS Approval

Last Updated: 9/25/2017
### Products Affected
ARANESP 150MCG/0.3ML SYRINGE

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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</table>
Products Affected
ARANESP 200MCG/0.4ML SYRINGE

Details

| Criteria | Step Therapy requires trial of PROCRIT or EPOGEN |
## Products Affected
ARANESP 200MCG/ML INJ

## Details

<table>
<thead>
<tr>
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<th>Details</th>
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**Products Affected**  
ARANESP 25MCG/0.42ML SYRINGE

**Details**

<table>
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<th>Criteria</th>
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Pending CMS Approval

Step Therapy Criteria

*Last Updated* 9/25/2017
### Products Affected
ARANESP 25MCG/ML INJ

### Details

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<th>Criteria</th>
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Pending CMS Approval

Last Updated 9/25/2017
### Products Affected
ARANESP 300MCG/0.6ML SYRINGE

### Details

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<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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Pending CMS Approval

Last Updated 9/25/2017
**Products Affected**
ARANESP 300MCG/ML INJ

**Details**

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<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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Pending CMS Approval
**Products Affected**
ARANESP 40MCG/0.4ML SYRINGE

**Details**

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Pending CMS Approval

Step Therapy Criteria

Last Updated 9/25/2017
### Products Affected
ARANESP 40MCG/ML INJ

### Details

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</thead>
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<td>Step Therapy requires trial of PROCRIT or EPOGEN</td>
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</table>
**Products Affected**
ARANESP 500MCG/ML SYRINGE

**Details**

<table>
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</table>
## Products Affected
ARANESP 60MCG/0.3ML SYRINGE

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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### Products Affected
ARANESP 60MCG/ML INJ

### Details

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<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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Pending CMS Approval

Step Therapy Criteria
Last Updated 9/25/2017
### Products Affected
BECONASE 42MCG NASAL INHALER

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.</td>
</tr>
</tbody>
</table>
## Products Affected

budesonide 32mcg nasal inhaler

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.</td>
<td></td>
</tr>
</tbody>
</table>
Products Affected
DESVENLAFAXINE 100MG ER TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**
DESVENLAFAXINE 50MG ER TAB

**Details**

<p>| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |</p>
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step Therapy requires trial of vancomycin.</td>
<td></td>
</tr>
</tbody>
</table>
**Products Affected**
donepezil 23mg tab

**Details**

| Criteria | Step Therapy requires trial of donepezil 10mg in previous 180 days. |
Products Affected
DULOXETINE 40MG DR CAP

Details

Criteria
Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
## Products Affected
EXTAVIA 0.3MG INJ

### Details

| Criteria | Step Therapy requires trial of two of the following: COPAXONE, AVONEX, or PLEGRIDY. |

**Last Updated** 9/25/2017
## Products Affected

FETZIMA 120MG ER CAP  

## Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
FETZIMA 20MG ER CAP

Details

<table>
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<tr>
<th>Criteria</th>
<th>Details</th>
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<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
</tr>
</tbody>
</table>
Products Affected
FETZIMA 40MG ER CAP

Details

Criteria  Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected
FETZIMA 80MG ER CAP

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
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Last Updated: 9/25/2017
### Products Affected

**FETZIMA PACK**

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<table>
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<tbody>
<tr>
<td>Criteria</td>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
</tr>
</tbody>
</table>
Products Affected
fluvoxamine maleate 100mg er cap

Details

Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected

fluvoxamine maleate 150mg er cap

### Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

**Products Affected**
KHEDEZLA 100MG ER TAB

**Details**

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
KHEDEZLA 50MG ER TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

Pending CMS Approval
# Products Affected
LEVALBUTEROL 45MCG INH

## Details

| Criteria     | Step Therapy requires trial of VENTOLIN HFA in previous 180 days. |
Products Affected
lidocaine 5% ointment

Details

Criteria  |  Step Therapy Requires Trial of lidocaine gel/jelly in previous 180 days.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of latanoprost.</td>
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</table>
### Products Affected

mometasone 50mcg nasal spray

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.</th>
</tr>
</thead>
</table>

### Products Affected
NAMZARIC 10-21MG ER CAP

### Details

| Criteria | Patient has tried or was intolerant to donepezil and memantine. |
## Products Affected

NAMZARIC 10-7MG ER CAP

## Details

| Criteria          | Patient has tried or was intolerant to donepezil and memantine. |
Products Affected
NAMZARIC 14-10MG ER CAP

Details

| Criteria          | Patient has tried or was intolerant to donepezil and memantine. |
| Criteria | Patient has tried or was intolerant to donepezil and memantine. |

**Products Affected**  
NAMZARIC 28-10MG ER CAP
### Products Affected

NAMZARIC TITRATION PACK

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Details</th>
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<tbody>
<tr>
<td>Patient has tried or was intolerant to donepezil and memantine.</td>
<td></td>
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</table>
### Products Affected

NORITATE 1% CREAM

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of FINACEA.</th>
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Pending CMS Approval

Last Updated 9/25/2017
### Products Affected
OXYTROL 3.9MG/24HR PATCH

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Vesicare OR Myrbetriq in previous 180 days.</th>
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</table>

Pending CMS Approval

Step Therapy Criteria

Last Updated 9/25/2017
Products Affected
PANCREAZE 10500-25000-43750 UNIT DR CAP

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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</table>

Pending CMS Approval
### Products Affected

PANCREAZE 16800-40000-70000UNIT DR CAP

### Details

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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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</table>

Pending CMS Approval
### Products Affected
PANCREAZE 21000-37000-61000UNIT DR CAP

### Details

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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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</table>

Pending CMS Approval

*Step Therapy Criteria*

*Last Updated* 9/25/2017
## Products Affected
PANCREAZE 2600-6200-10850UNIT DR CAP

## Details

| Criteria       | Step Therapy requires trial of CREON in previous 180 days. |
### Products Affected
PANCREAZE 4200-10000-17500UNIT DR CAP

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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</thead>
</table>

Pending CMS Approval

Last Updated 9/25/2017
### Products Affected
PERTZYE 16000-57500-60500 UNIT DR CAP

### Details

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
Products Affected
PERTZYE 4000-14375-15125UNIT DR CAP

Details
Criteria Step Therapy requires trial of CREON in previous 180 days.
### Products Affected
PERTZYE 8000-28800-30300UNIT DR CAP

### Details

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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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Pending CMS Approval
Products Affected
PEXEVA 10MG TAB

Details

Criteria

Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected
PEXEVA 20MG TAB

### Details

<table>
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<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
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</table>
### Products Affected
PEXEVA 30MG TAB

### Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

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*Pending CMS Approval*

*Last Updated: 9/25/2017*
**Products Affected**
PEXEVA 40MG TAB

**Details**

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<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
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**Products Affected**
QNALS 40MCG NASAL INHALER

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.</th>
</tr>
</thead>
</table>

Pending CMS Approval

Last Updated 9/25/2017
Products Affected
QNASL 80MCG NASAL INHALER

Details

| Criteria | Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ. |
Products Affected
RYTARY 23.75-95MG ER CAP

Details

Criteria  Step Therapy requires trial of carbidopa/levodopa ER tab.
# Products Affected
RYTARY 36.25-145MG ER CAP

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of carbidopa/levodopa ER tab.</th>
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Pending CMS Approval
### Products Affected
RYTARY 48.75-195MG ER CAP

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of carbidopa/levodopa ER tab.</th>
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Pending CMS Approval
### Products Affected
RYTARY 61.25-245MG ER CAP

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of carbidopa/levodopa ER tab.</th>
</tr>
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</table>
### Products Affected

TOVIAZ 4MG ER TAB

### Details

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<th>Criteria</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Vesicare OR Myrbetriq in previous 180 days.</td>
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<tr>
<td>Products Affected</td>
<td>TOVIAZ 8MG ER TAB</td>
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<tr>
<td>----------------------</td>
<td>------------------</td>
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</table>

**Details**

**Criteria**  
Step Therapy requires trial of one (1) generic formulary Urinary Antispasmodic AND Vesicare OR Myrbetriq in previous 180 days.
Products Affected
TRINTELLIX 10MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

Last Updated 9/25/2017
### Products Affected
TRINTELLIX 20MG TAB

### Details

<table>
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<th>Details</th>
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<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
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**Products Affected**
TRINTELLIX 5MG TAB

**Details**

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<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>

Last Updated   9/25/2017
**Products Affected**
ULORIC 40MG TAB

**Details**

| Criteria | Step Therapy requires trial of allopurinol in previous 180 days. |
### Products Affected

ULORIC 80MG TAB

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of allopurinol in previous 180 days.</th>
</tr>
</thead>
</table>
Products Affected
vancomycin 125mg cap

Details

| Criteria | Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease. |
## Products Affected
vancomycin 250mg cap

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Criteria</td>
<td>Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease.</td>
</tr>
</tbody>
</table>
Products Affected
VIIBRYD 10/20MG STARTER PACK

Details

Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
**Products Affected**
VIIBRYD 10MG TAB

**Details**

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

Pending CMS Approval

Last Updated 9/25/2017
Products Affected
VIIBRYD 20MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |

Products Affected

VIIBRYD 40MG TAB

Details

Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected
XOPENEX 45MCG INH

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of VENTOLIN HFA in previous 180 days.</th>
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Pending CMS Approval

Last Updated 9/25/2017
## Products Affected
ZENPEP 10000-34000-55000UNIT DR CAP

## Details

<table>
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<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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### Products Affected
ZENPEP 15000-51000-82000UNIT DR CAP

### Details
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Pending CMS Approval

Step Therapy Criteria

Last Updated    9/25/2017
<table>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of CREON in previous 180 days.</td>
</tr>
</tbody>
</table>

**Products Affected**
ZENPEP 20000-68000-109000UNIT DR CAP
Products Affected
ZENPEP 25000-85000-136000UNIT DR CAP

Details

Criteria | Step Therapy requires trial of CREON in previous 180 days.
Products Affected
ZENPEP 3000-10000-16000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.
## Products Affected
ZENPEP 40000-136000-218000UNIT DR CAP

## Details

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
Products Affected
ZIOPTAN 0.0015% OPHTH SOLN

Details
Criteria Step Therapy requires trial of latanoprost.