

# 2019 Vantage Health Plan Medicare Formulary

Step Therapy Criteria

*Last Updated* 4/1/2019

## Products Affected

APLENZIN 174MG ER TAB

## Details

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

**Products Affected**

APLENZIN 348MG ER TAB

**Details**

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

**Products Affected**

APLENZIN 522MG ER TAB

**Details**

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

**Products Affected**

ARANESP 100MCG/0.5ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 100MCG/ML INJ

**Details**

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Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 10MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 150MCG/0.3ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 200MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.



**Products Affected**

ARANESP 200MCG/ML INJ

**Details**

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Criteria            Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 25MCG/0.42ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 25MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 300MCG/0.6ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 300MCG/ML INJ

**Details**

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Criteria            Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 40MCG/0.4ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 40MCG/ML INJ

**Details**

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Criteria Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 500MCG/ML SYRINGE

**Details**

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Criteria            Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.



**Products Affected**

ARANESP 60MCG/0.3ML SYRINGE

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

ARANESP 60MCG/ML INJ

**Details**

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Criteria      Step Therapy requires trial of PROCRIT, EPOGEN or RETACRIT.

**Products Affected**

DIFICID 200MG TAB

**Details**

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Criteria      Step Therapy requires trial of generic vancomycin capsules.

## **Products Affected**

donepezil 23mg tab

## **Details**

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Criteria      Step Therapy requires trial of generic donepezil 10mg in previous 180 days.

**Products Affected**

DULOXETINE 40MG DR CAP

**Details**

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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**

ESTRING 2MG VAGINAL RING

**Details**

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Criteria      Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.

**Products Affected**

FEMRING 0.05MG/24HR VAGINAL RING

**Details**

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Criteria      Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.

**Products Affected**

FEMRING 0.1MG/24HR VAGINAL RING

**Details**

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Criteria      Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream in previous 180 days.



**Products Affected**

FETZIMA 120MG ER CAP

**Details**

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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**

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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 40MG ER CAP

**Details**

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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**

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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 PACK

## **Details**

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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 100mg er cap

**Details**

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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**

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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**

GELNIQUE 10% GEL

**Details**

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Criteria      Step Therapy requires trial of darifenacin ER OR MYRBETRIQ in previous 180 days.



**Products Affected**

LEVALBUTEROL 45MCG INH

**Details**

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Criteria      Step Therapy requires trial of VENTOLIN HFA in previous 180 days.

**Products Affected**

LONHALA 0.0025% INH SOLN

**Details**

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Criteria      Step Therapy requires trial of INCRUSE.

**Products Affected**

NAMZARIC 10-21MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

**Products Affected**

NAMZARIC 10-7MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

**Products Affected**

NAMZARIC 14-10MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

**Products Affected**

NAMZARIC 28-10MG ER CAP

**Details**

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Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

**Products Affected**

NAMZARIC TITRATION PACK

**Details**

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Criteria Patient has tried or was intolerant to generic donepezil AND generic memantine.

**Products Affected**

OXYTROL 3.9MG/24HR PATCH

**Details**

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Criteria      Step Therapy requires trial of darifenacin ER OR MYRBETRIQ in previous 180 days.



**Products Affected**

PANCREAZE 10500-25000-43750UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 16800-40000-70000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 21000-37000-61000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 2600-6200-10850UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PANCREAZE 4200-10000-17500UNIT DR CAP

**Details**

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Criteria Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PERTZYE 16000-57500-60500UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PERTZYE 4000-14375-15125UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

PERTZYE 8000-28750-30250UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.



**Products Affected**

PRISTIQ 100MG ER TAB

**Details**

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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**

PRISTIQ 25MG ER TAB

**Details**

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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**

PRISTIQ 50MG ER TAB

## **Details**

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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**

SPIRIVA 1.25MCG RESPIMAT INH

**Details**

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Criteria Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL.

**Products Affected**

SYMPAZAN 10MG STRIP

**Details**

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Criteria      Step therapy requires trial of generic clobazam tablets.

**Products Affected**

SYMPAZAN 20MG STRIP

**Details**

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Criteria      Step therapy requires trial of generic clobazam tablets.

**Products Affected**  
SYMPAZAN 5MG STRIP

**Details**

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Criteria      Step therapy requires trial of generic clobazam tablets.

## **Products Affected**

TRINTELLIX 10MG TAB

## **Details**

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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**

TRINTELLIX 20MG TAB

**Details**

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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**

TRINTELLIX 5MG TAB

**Details**

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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**

ULORIC 40MG TAB

## **Details**

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Criteria	Step Therapy requires trial of generic allopurinol in previous 180 days.
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**Products Affected**

ULORIC 80MG TAB

**Details**

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Criteria      Step Therapy requires trial of generic allopurinol in previous 180 days.

## **Products Affected**

VIIIBRYD 10/20MG STARTER PACK

## **Details**

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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**

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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**

VIIIBRYD 20MG TAB

## **Details**

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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**

VIIIBRYD 40MG TAB

## **Details**

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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**

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Criteria      Step Therapy requires trial of VENTOLIN HFA in previous 180 days.

**Products Affected**

ZENPEP 10000-32000-42000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 15000-47000-63000UNIT DR CAP

**Details**

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Criteria      Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 20000-63000-84000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 25000-79000-105000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 3000-10000-14000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 40000-126000-168000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.

**Products Affected**

ZENPEP 5000-17000-24000UNIT DR CAP

**Details**

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Criteria            Step Therapy requires trial of CREON in previous 180 days.



**Products Affected**

ZIOPTAN 0.0015% OPHTH SOLN

**Details**

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Criteria      Step Therapy requires trial of generic latanoprost in previous 180 days.