PNR ANTIDEPRESS

MEDICATION(S) SUBJECT TO STEP THERAPY

CITALOPRAM HBR 30 MG CAPSULE, DESVENLAFAXINE ER, FETZIMA, FLUOXETINE DR, PEXEVA, SERTRALINE 150 MG CAPSULE, SERTRALINE 200 MG CAPSULE, TRINTELLIX, VIIBRYD 10-20 MG STARTER PACK

CRITERIA

Must try generic antidepressant agent - SSRI, SNRI, bupropion, mirtazapine, vilazodone

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXCOM G6 RECEIVER, DEXCOM G6 SENSOR, DEXCOM G6 TRANSMITTER, DEXCOM G7 RECEIVER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 14 DAY READER, FREESTYLE LIBRE 14 DAY SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR

CRITERIA

Must try an insulin product

MEDICATION(S) SUBJECT TO STEP THERAPY

DIHYDROERGOTAMINE 1 MG/ML AMP, ERGOMAR, ERGOTAMINE-CAFFEINE, MIGERGOT

CRITERIA

Must try two triptan products (brand or generic)

MEDICATION(S) SUBJECT TO STEP THERAPY

GRALISE ER 300 MG TABLET, GRALISE ER 450 MG TABLET, GRALISE ER 600 MG TABLET, GRALISE ER 750 MG TABLET, GRALISE ER 900 MG TABLET, HORIZANT

CRITERIA

Must try gabapentin

MEDICATION(S) SUBJECT TO STEP THERAPY

SOLIQUA 100-33, XULTOPHY 100-3.6

CRITERIA

Must try a metformin-containing product or an insulin-containing product

MEDICATION(S) SUBJECT TO STEP THERAPY

METFORMIN ER GASTRIC, METFORMIN ER OSMOTIC

CRITERIA

Must try generic metformin ER

MEDICATION(S) SUBJECT TO STEP THERAPY

OTREXUP, REDITREX

CRITERIA

Must try generic methotrexate injectable

MEDICATION(S) SUBJECT TO STEP THERAPY

REXULTI 0.25 MG TABLET, REXULTI 0.5 MG TABLET, REXULTI 1 MG TABLET, REXULTI 2 MG TABLET, REXULTI 3 MG TABLET, REXULTI 4 MG TABLET, VRAYLAR

CRITERIA

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, or vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

RISPERIDONE 0.25 MG ODT

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

CLOZAPINE ODT 12.5 MG TABLET, FANAPT, QUETIAPINE 150 MG TABLET, SECUADO, VERSACLOZ

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

ALMOTRIPTAN MALATE, FROVATRIPTAN SUCCINATE, IMITREX 4 MG/0.5 ML CARTRIDGES, IMITREX 6 MG/0.5 ML CARTRIDGES, ONZETRA XSAIL, SUMATRIPTAN 4 MG/0.5 ML CART, SUMATRIPTAN 6 MG/0.5 ML CART, TOSYMRA, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN 2.5 MG NASAL SPRY, ZOLMITRIPTAN 5 MG NASAL SPRAY, ZOMIG 2.5 MG NASAL SPRAY

CRITERIA

Must try a generic triptan

MEDICATION(S) SUBJECT TO STEP THERAPY

EDLUAR

CRITERIA

Must try generic non-benzodiazepine hypnotic agents.

MEDICATION(S) SUBJECT TO STEP THERAPY

BELSOMRA, ZOLPIDEM TARTRATE 7.5 MG CAP, ZOLPIMIST

CRITERIA

Must try generic non-benzodiazepine hypnotic agents.

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TART 1.75 MG TAB SL, ZOLPIDEM TART 3.5 MG TABLET SL

CRITERIA

Must try generic non-benzodiazepine hypnotic agents.