

ALLERGIC RHINITIS THERAPY - PSERS

Products Affected

- Omnaris

Details

Criteria	Step 1: generic fluticasone nasal spray or generic mometasone nasal spray. Step 2: Omnaris
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ALZHEIMERS - PSERS

Products Affected

- Aricept
- Exelon PT24
- Razadyne Er

Details

Criteria	Step 1: Any one generic from the following: donepezil, galantamine, memantine, rivastigmine. Step 2: Aricept, Exelon
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ANTIDEPRESSANT THERAPY - PSERS

Products Affected

- Auvelity
- Brisdelle
- Bupropion Hydrochloride Er (xl)
TB24 450MG
- Celexa TABS
- Citalopram Hydrobromide CAPS
- Desvenlafaxine Er TB24 100MG,
50MG
- Emsam
- Fetzima
- Fetzima Titration Pack
- Marplan
- Nardil
- Norpramin TABS 10MG, 25MG
- Parnate
- Paxil
- Paxil Cr
- Pristiq
- Remeron
- Remeron Soltab
- Sertraline Hydrochloride CAPS
- Symbyax
- Trintellix
- Venlafaxine Besylate Er
- Viibryd TABS
- Viibryd Starter Pack
- Vilazodone Hydrochloride

Details

Criteria	Step 1: Any one generic antidepressant from the following: bupropion (75 mg, 100 mg, 150 mg, 200 mg, 300 mg), citalopram tablet or solution, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, olanzapine/fluoxetine, paroxetine, phenelzine, sertraline tablet or solution, tranylcypromine, trazodone, venlafaxine HCl (IR or ER). Step 2: Brand Antidepressant, Desvenlafaxine SR 50mg (generic Khedezla), Desvenlafaxine SR 100mg (generic Khedezla), Bupropion ER 450mg (generic Forfivo XL), Sertraline capsule, Vilazodone (generic Viibryd), Citalopram capsule, Venlafaxine Besylate 112.5mg tablet. Step applies to new starts only. Approve for continuation of prior therapy.
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ANTIEMETICS - PSERS

Products Affected

- Akynzeo INJ
- Anzemet TABS 50MG
- Aponvie
- Dimenhydrinate INJ
- Emend INJ
- Transderm Scop
- Transderm-scop PT72 1MG/3DAYS
- Zofran SOLN
- Zofran TABS 8MG
- Zofran Odt

Details

Criteria	Step 1: Any one of the following: aprepitant, dronabinol, granisetron, meclizine, metoclopramide, ondansetron, scopolamine. Step 2: Brand Antiemetics. Step does not apply to Anzemet if member under 4 years of age.
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ATYPICAL ANTIPSYCHOTIC THERAPY - PSERS

Products Affected

- Fanapt
- Fanapt Titration Pack
- Invega
- Lybalvi
- Secuado

Details

Criteria	Step 1: Any two of the following oral, single-ingredient, generic atypical antipsychotics: asenapine, aripiprazole, olanzapine, quetiapine, quetiapine XR, paliperidone, risperidone, ziprasidone. Step 2: Fanapt, Invega (oral), Lybalvi, Secuado. Step applies to new starts only. Approve for continuation of prior therapy.
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BASAGLAR THERAPY - PSERS

Products Affected

- Basaglar Kwikpen
- Basaglar Tempo Pen

Details

Criteria	Step 1: Lantus AND either Toujeo or Tresiba. Step 2: Basaglar
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BENIGN PROSTATIC HYPERTROPHY AGENTS - PSERS

Products Affected

- Cardura
- Flomax
- Jalyn
- Proscar

Details

Criteria	Step 1: Any one generic from the following: doxazosin, terazosin, tamsulosin, finasteride, dutasteride, dutasteride-tamsulosin, alfuzosin. Step 2: Flomax, Cardura, Proscar
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BISPHOSPHONATE THERAPY - PSERS

Products Affected

- Actonel TABS 150MG, 30MG, 35MG, 5MG
- Atelvia
- Fosamax TABS 70MG
- Fosamax Plus D

Details

Criteria	Step 1: Any one generic from the following: alendronate, ibandronate, or risedronate. Step 2: Actonel, Fosamax, Fosamax Plus D, Atelvia
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BRAND BACLOFEN SOLUTION - PSERS

Products Affected

- Baclofen ORAL SOLN 10MG/5ML, 5MG/5ML
- Ozobax Ds

Details

Criteria	Step 1: generic baclofen tablet. Step 2: Baclofen oral solution, Ozobax
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BUPRENORPHINE/NALOXONE THERAPY - PSERS

Products Affected

- Zubsolv

Details

Criteria	Step 1: Suboxone or generic buprenorphine tablet, and generic buprenorphine/naloxone film. Step 2: Zubsolv
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CNS STIMULANT THERAPY - PSERS

Products Affected

- Adderall
- Adderall Xr
- Adzenys Xr-odt
- Aptensio Xr
- Azstarys
- Concerta
- Cotempla Xr-odt
- Daytrana
- Dexedrine CP24
- Dyanavel Xr TBCR
- Evekeo
- Evekeo Odt
- Focalin
- Focalin Xr
- Jornay Pm
- Kapvay
- Methylin SOLN
- Methylphenidate Hydrochloride Er CP24
- Methylphenidate Hydrochloride Er TBCR 45MG, 63MG
- Mydayis
- Procentra
- Qelbree
- Quillichew Er
- Quillivant Xr
- Relexxii TBCR 18MG, 27MG, 36MG, 45MG, 54MG, 63MG
- Ritalin
- Ritalin La
- Xelstrym
- Zenzedi

Details

Criteria	Step 1: Any generic ADHD agent from the following: amphetamine, amphetamine/dextroamphetamine, atomoxetine, clonidine, dexamethylphenidate, dextroamphetamine, or methylphenidate. Step 2: Brand ADHD agent, Methylphenidate ER capsule (generic Aptensio XR capsule), Methylphenidate extended release tablet (45 mg, 63 mg).
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COMT INHIBITOR THERAPY - PSERS

Products Affected

- Ongentys

Details

Criteria	Step 1: Generic entacapone. Step 2: Ongentys
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COREG THERAPY - PSERS

Products Affected

- Coreg

Details

Criteria	Step 1: generic carvedilol or generic carvedilol ER. Step 2: Coreg
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CORTICOSTEROID THERAPY - PSERS

Products Affected

- Hemady

Details

Criteria	Step 1: Generic dexamethasone tablet. Step 2: Hemady
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DIPEPTIDYL PEPTIDASE 4-INHIBITOR/OTHER COMBINATION - PSERS, NON-PREFERRED

Products Affected

- Alogliptin
- Alogliptin/metformin Hcl
- Alogliptin/metformin Hydrochloride
- Alogliptin/pioglitazone
- Kazano
- Kombiglyze Xr
- Nesina
- Onglyza
- Oseni
- Zituvimet Xr

Details

Criteria	Step 1: Any one of the following: Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, generic saxagliptin, or generic saxagliptin-metformin. Step 2: Alogliptin, alogliptin-pioglitazone, alogliptin-metformin, Zituvimet XR
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DYSLIPIDEMICS - PSERS

Products Affected

- Atorvaliq
- Ezallor Sprinkle
- Lescol XL

Details

Criteria	Step 1: Any one generic from the following: simvastatin, lovastatin, pravastatin, atorvastatin, fluvastatin, rosuvastatin, or ezetimibe/simvastatin. Step 2: Atorvaliq, Lescol XL
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DYSLIPIDEMICS NON-PREFERRED - PSERS

Products Affected

- Zypitamag TABS 2MG, 4MG

Details

Criteria	Step 1: Any one generic from the following: simvastatin, lovastatin, pravastatin, atorvastatin, fluvastatin, rosuvastatin, pitavastatin, or ezetimibe/simvastatin, AND Brand Livalo. Step 2: Zypitamag
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EPINEPHRINE AUTO-INJECTOR THERAPY - PSERS

Products Affected

- Auvi-q INJ 0.15MG/0.15ML, 0.3MG/0.3ML
- EpiPen 2-pak
- EpiPen-jr 2-pak
- Symjepi

Details

Criteria	Step 1: Generic epinephrine auto-injector. Step 2: EpiPen, EpiPen Jr., AuviQ
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FIBRIC ACID THERAPY - PSERS

Products Affected

- Fenofibrate Micronized CAPS
30MG, 90MG
- Lofibra CAPS 134MG, 67MG
- Lofibra TABS
- Lopid TABS
- Tricor TABS 145MG, 48MG
- Triglide TABS 160MG
- Trilipix

Details

Criteria	Step 1: Generic gemfibrozil or generic fenofibrate. Step 2: Trilipix, Lopid
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FILGRASTIM THERAPY - PSERS

Products Affected

- Granix
- Neupogen
- Nypozi
- Releuko

Details

Criteria	Step 1: Zarxio or Nivestym. Step 2: Granix, Neupogen, Releuko
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FOCINVEZ THERAPY - PSERS

Products Affected

- Focinvez

Details

Criteria	Step 1: Generic fosaprepitant injection. Step 2: Focinvez.
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GABARONE THERAPY - PSERS

Products Affected

- Gabarone TABS 100MG, 400MG

Details

Criteria	Step 1: Generic gabapentin. Step 2: Gabarone
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GASTROINTESTINAL AGENTS - PSERS

Products Affected

- Kristalose

Details

Criteria	Step 1: Generic lactulose. Step 2: Kristalose
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GENITOURINARY SMOOTH MUSCLE RELAXANT THERAPY - PSERS

Products Affected

- Detrol
- Detrol La
- Ditropan XL
- Enablex
- Gelnique GEL 10%
- Gelnique Pump
- Oxytrol

Details

Criteria	Step 1: Any two oral generic overactive bladder agents from the following: darifenacin, flavoxate, oxybutynin, tolterodine, trospium. Step 2: Brand Overactive bladder agent.
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GLUCAGON THERAPY - PSERS

Products Affected

- Glucagen Hypokit
- Zegalogue

Details

Criteria	Step 1: One of the following: Gvoke, Baqsimi, or Glucagon. Step 2: Zegalogue
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GRALISE THERAPY - PSERS

Products Affected

- Gabapentin Once-daily
- Gralise

Details

Criteria	Step 1: Generic gabapentin. Step 2: Brand Gralise, generic gabapentin once daily tablet (generic Gralise)
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INHALED CORTICOSTEROID THERAPY - PSERS

Products Affected

- Alvesco
- Armonair Digihaler
- Asmanex Hfa
- Asmanex Twisthaler 120 Metered Doses
- Asmanex Twisthaler 14 Metered Doses
- Asmanex Twisthaler 30 Metered Doses
- Asmanex Twisthaler 60 Metered Doses
- Asmanex Twisthaler 7 Metered Doses
- Fluticasone Propionate Hfa
- Pulmicort Flexhaler

Details

Criteria	Step 1: Arnuity Ellipta or Qvar. Step 2: Alvesco, Pulmicort Flexhaler, Asmanex, Fluticasone HFA
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INVEGA HAFYERA THERAPY - PSERS

Products Affected

- Invega Hafyera

Details

Criteria	Step 1: One from the following: Invega Sustenna or Invega Trinza. Step 2: Invega Hafyera. Step applies to new starts only. Approve for continuation of prior therapy
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INVEGA TRINZA THERAPY - PSERS

Products Affected

- Invega Trinza

Details

Criteria	Step 1: Invega Sustenna. Step 2: Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
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KERATOSIS AGENTS- PSERS

Products Affected

- Klisyri

Details

Criteria	Step 1: Any one of the following topical generic: fluorouracil, imiquimod, diclofenac gel 1% or 3%. Step 2: Klisyri
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LABA-ICS THERAPY - PSERS

Products Affected

- Advair Diskus AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT
- Advair Hfa
- Airduo Digihaler 113/14
- Airduo Digihaler 232/14
- Airduo Digihaler 55/14
- Airduo Resplick 113/14
- Airduo Resplick 232/14
- Airduo Resplick 55/14
- Breyna
- Budesonide/formoterol Fumarate Dihydrate
- Fluticasone Propionate/salmeterol Hfa
- Symbicort

Details

Criteria	Step 1: Two of the following: Breo Ellipta, generic fluticasone-salmeterol aerosol, Wixela. Step 2: Airduo, Advair Diskus, Advair HFA, Fluticasone/Salmeterol (45-21 mcg/act, 115/21 mcg/act, 230/21 mcg/act), brand Symbicort, Budesonide-Formoterol, Breyna
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LAMA LABA COMBO THERAPY - PSERS

Products Affected

- Bevespi Aerosphere
- Duaklir Pressair

Details

Criteria	Step 1: Stiolto and Anoro. Step 2: Bevespi, Duaklir
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LONG-ACTING ANTICHOLINERGIC THERAPY - PSERS

Products Affected

- Tudorza Pressair

Details

Criteria	Step 1: One of the following: Incruse Ellipta, Spiriva Respimat, Brand Spiriva HandiHaler, or Generic tiotropium bromide capsule. Step 2: Tudorza
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LONG-ACTING BETA AGONIST THERAPY - PSERS

Products Affected

- Striverdi Respimat

Details

Criteria	Step 1: Serevent. Step 2: Striverdi Respimat
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LONG-ACTING OPIOID THERAPY - PSERS

Products Affected

- Hysingla Er
- Oxycodone Hcl Er T12A 15MG, 30MG, 40MG, 60MG, 80MG
- Oxycodone Hydrochloride Er T12A 10MG, 20MG
- Oxycontin T12A

Details

Criteria	Step 1: Xtampza ER. Step 2: Oxycontin, Hysingla ER. Step does not apply for Oxycontin requests for members under age 18 years of age.
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MESALAMINE THERAPY - PSERS

Products Affected

- Mesalamine Dr CPDR

Details

Criteria	Step 1: Mesalamine 1.2gm, brand Apriso, or generic mesalamine 0.375 gm capsule. Step 2: Mesalamine 400 mg DR capsule
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NAMZARIC THERAPY - PSERS

Products Affected

- Namzaric

Details

Criteria	Step 1: Generic memantine extended-release. Step 2: Namzaric
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NEXICLON - PSERS

Products Affected

- Clonidine Hydrochloride Er TB24
- Nexiclon Xr TB24

Details

Criteria	Step 1: Generic clonidine IR tablet. Step 2: Nexiclon XR, Clonidine ER
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OPHTHALMIC NSAID THERAPY - PSERS

Products Affected

- Bromfenac Sodium SOLN 0.075%
- Bromsite

Details

Criteria	Step 1: One generic ophthalmic NSAID solution from: diclofenac, flurbiprofen, ketorolac, AND one from: Nevanac, Brand Prolensa, generic bromfenac 0.07%, Ilevro. Step 2: Brand Bromsite, generic bromfenac 0.075%
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OPHTHALMIC PROSTAGLANDIN THERAPY - PSERS

Products Affected

- Idose Tr
- Iyuzeh
- Travatan Z
- Xelpros

Details

Criteria	Step 1: Lumigan. Step 2: Travatan Z, Iyuzeh
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OPIOID ANALGESICS - PSERS

Products Affected

- Tramadol Hydrochloride SOLN

Details

Criteria	Step 1: Generic tramadol IR or ER tablet. Step 2: Tramadol solution
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OTIC ANTIBIOTIC THERAPY - PSERS

Products Affected

- Cetraxal

Details

Criteria	Step 1: Generic ciprofloxacin-dexamethasone. Step 2: Cetraxal
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PANCREATIC ENZYME - PSERS

Products Affected

- Pancreaze CPEP 149900UNIT;
37000UNIT; 97300UNIT,
15200UNIT; 2600UNIT; 8800UNIT,
24600UNIT; 4200UNIT;
14200UNIT, 61500UNIT;
10500UNIT; 35500UNIT,
83900UNIT; 21000UNIT;
54700UNIT, 98400UNIT;
16800UNIT; 56800UNIT
- Viokace

Details

Criteria	Step 1: Creon and Zenpep. Step 2: Pancreaze, Viokace
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QUDEXY THERAPY - PSERS

Products Affected

- Qudexy Xr

Details

Criteria	Step 1: generic oral topiramate. Step 2: Qudexy XR. Step applies to new starts only. Approve for continuation of prior therapy.
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REZVOGLAR THERAPY - PSERS

Products Affected

- Rezvoglar Kwikpen

Details

Criteria	Step 1: Two of the following: Lantus, Toujeo, or Tresiba. Step 2: Rezvoglar
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ROSZET THERAPY - PSERS

Products Affected

- Rosuvastatin/ezetimibe

Details

Criteria	Step 1: Generic ezetimibe AND any one from the following generic statins: atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, OR Brand Livalo. Step 2: Ezetimibe/Rosuvastatin
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SEMGLEE THERAPY - PSERS

Products Affected

- Insulin Glargine-yfgn
- Semglee

Details

Criteria	Step 1: Two of the following: Lantus, Toujeo, or Tresiba. Step 2: Semglee, Insulin Glargine-YFGN
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SGLT2 AND DPP4 COMBO THERAPY NON-PREFERRED - PSERS

Products Affected

- Qtern
- Steglujan

Details

Criteria	Step 1: Glyxambi or Trijardy. Step 2: Qtern, Steglujan
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SGLT2 THERAPY DAPAGLIFLOZIN - PSERS

Products Affected

- Farxiga
- Xigduo Xr

Details

Criteria	Step 1: Either A) One of the following generics: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR/ER, metoprolol succinate ER/XL, spironolactone, eplerenone, or B) One of the following: Invokana, Invokamet, Invokamet XR, AND one of the following: Jardiance, Synjardy, Synjardy XR. Step 2: Farxiga, Xigduo XR. Uses to reduce risk of sustained eGFR decline, end-state kidney disease, cardiovascular death, and either 1) hospitalization for heart failure in adults with chronic kidney disease at risk of progression or 2) heart failure in adults with type 2 diabetes and established cardiovascular disease or multiple cardiovascular risk factors, do not need to undergo the step requirement.
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SGLT2 THERAPY INPEFA - PSERS

Products Affected

- Inpefa

Details

Criteria	Step 1: Jardiance or Synjardy. Step 2: Inpefa
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SGLT2 THERAPY NON-PREFERRED - PSERS

Products Affected

- Brenzavvy
- Segluromet
- Steglatro

Details

Criteria	Step 1: One from the following: Invokana, Invokamet, or Invokamet XR, AND one of the following: Jardiance, Synjardy, Synjardy XR. Step 2: Steglatro, Segluromet
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SHORT-ACTING BETA AGONIST THERAPY - PSERS

Products Affected

- Levalbuterol Tartrate Hfa
- Proventil Hfa
- Xopenex Hfa

Details

Criteria	Step 1: One of the following: Albuterol HFA, Proair Respiclick, or Ventolin HFA. Step 2: Xopenex HFA, levalbuterol aerosol
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SHORT-ACTING INSULIN THERAPY - PSERS

Products Affected

- Admelog
- Admelog Solostar
- Fiasp
- Fiasp Flextouch
- Fiasp Penfill
- Fiasp Pumpcart

Details

Criteria	Step 1: Humalog/Insulin Lispro vial or pen AND Novolog/insulin aspart vial or pen. Step 2: Admelog, Fiasp
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SKELETAL MUSCLE RELAXANTS - PSERS

Products Affected

- Dantrium CAPS 25MG, 50MG
- Dantrium IV
- Zanaflex TABS 4MG

Details

Criteria	Step 1: Any one of the following generic skeletal muscle relaxants: baclofen, dantrolene, tizanidine. Step 2: Dantrium, Zanaflex tablet
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SOAANZ THERAPY - PSERS

Products Affected

- Soanz

Details

Criteria	Step 1: Two of the following oral generic loop diuretics: torsemide, furosemide, bumetanide. Step 2: Soanz
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SYMPROIC THERAPY - PSERS

Products Affected

- Symproic

Details

Criteria	Step 1: Lactulose and lubiprostone. Step 2: Symproic
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UCERIS ORAL THERAPY- PSERS

Products Affected

- Budesonide Er
- Uceris TB24

Details

Criteria	Step 1: One of the following: Apriso, generic mesalamine 1.2 g, or generic mesalamine capsule 0.375 g, AND oral generic sulfasalazine. Step 2: Brand Uceris tablet, Generic budesonide ER tablet.
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UZEDY THERAPY - PSERS

Products Affected

- Uzedy

Details

Criteria	Step 1: One of the following: Perseris, generic risperidone IM injection, or Risperdal Consta. Step 2: Uzedy. Approve for continuation of prior therapy.
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ZIMHI THERAPY - PSERS

Products Affected

- Zimhi

Details

Criteria	Step 1: Generic naloxone injection. Step 2: Zimhi
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ZONISADE SUSPENSION THERAPY - PSERS

Products Affected

- Zonisade

Details

Criteria	Step 1: Generic zonisamide capsule. Step 2: Zonisade suspension. Step applies to new starts only. Approve for continuation of prior therapy.
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