

2018 Step Therapy Criteria
MMP
Formulary ID: 18477

Drug Name	Step Therapy Criteria
BRINTELLIX (<i>vortioxetine hbr</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate
BYDUREON (<i>exenatide extended release</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • generic or brand metformin, i.e., metformin hcl, Glucophage, Fortamet, Riomet or Glucophage XR
BYETTA (<i>exenatide</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • generic or brand metformin, i.e., metformin hcl, Glucophage, Fortamet, Riomet or Glucophage XR
DESVENLAFAXINE ER (<i>desvenlafaxine SR</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate
DEXILANT (<i>dexlansoprazole</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
FETZIMA (<i>levomilnacipran hcl</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate

No changes made since 10/2017

Drug Name	Step Therapy Criteria
FORFIVO XL (<i>bupropion hcl</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate
KHEDEZLA (<i>desvenlafaxine SR</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate
NEXIUM (<i>esomeprazole magnesium</i>)	Must have a paid claims history of two of the following: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
<i>omeprazole 20mg-sodium bicarbonate 1680mg powd pack for susp</i>	Must have a paid claims history of two of the following: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
TRINTELLIX (<i>vortioxetine hbr</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate
VASCEPA (<i>icosapent ethyl</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • omega-3-acid ethyl esters
VELTASSA (<i>patiromer sorbitex calcium</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • sodium polystyrene sulfonate powder
VEMLIDY (<i>tenofovir alafenamide fumarate</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • entacavir, Viread ,or Baraclude oral solution
VENLAFAXINE HCL ER 225 mg (<i>venlafaxine hcl 225 mg SR tab</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate

Drug Name	Step Therapy Criteria
VICTOZA (<i>liraglutide</i>)	Must have a paid claims history of: <ul style="list-style-type: none"> • generic or brand metformin, i.e., metformin hcl, Glucophage, Fortamet, Riomet or Glucophage XR
VIIBRYD (<i>vilazodone hcl</i>)	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil oral suspension, or desvenlafaxine succinate

Criterios sobre Terapia Escalonada de 2018

MMP

ID del formulario: 18477

Nombre del Medicamento	Criterios sobre Terapia Escalonada
BRINTELLIX (<i>vortioxetine hbr</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate
BYDUREON (<i>exenatide, liberación prolongada</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • metformin (genérico o de marca), es decir, metformin hcl, Glucophage, Fortamet, Riomet o Glucophage XR
BYETTA (<i>exenatide</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • metformin (genérico o de marca), es decir, metformin hcl, Glucophage, Fortamet, Riomet o Glucophage XR
DESVENLAFAXINE ER (<i>desvenlafaxine SR</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate
DEXILANT (<i>dexlansoprazole</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
FETZIMA (<i>levomilnacipran hcl</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate

No se ha realizado ningún cambio desde octubre de 2017

Nombre del Medicamento	Criterios sobre Terapia Escalonada
FORFIVO XL (<i>bupropion hcl</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate
KHEDEZLA (<i>desvenlafaxine SR</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate
NEXIUM (<i>esomeprazole magnesium</i>)	Debe tener un historial de reclamos pagados de dos de los siguientes: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
<i>omeprazole 20 mg-sodium bicarbonate 1680 mg (paquete de polvo para susp)</i>	Debe tener un historial de reclamos pagados de dos de los siguientes: <ul style="list-style-type: none"> • lansoprazole • omeprazole • pantoprazole
TRINTELLIX (<i>vortioxetine hbr</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate
VASCEPA (<i>icosapent ethyl</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • omega-3-acid ethyl esters
VELTASSA (<i>patiromer sorbitex calcium</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • sodium polystyrene sulfonate (polvo)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • entacavir, Viread o Baraclude (solución oral)
VENLAFAXINE HCL ER 225 mg (<i>venlafaxine hcl 225 mg SR, tabletas</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate

Nombre del Medicamento	Criterios sobre Terapia Escalonada
VICTOZA (<i>liraglutide</i>)	Debe tener un historial de reclamos pagados de: <ul style="list-style-type: none"> • metformin (genérico o de marca), es decir, metformin hcl, Glucophage, Fortamet, Riomet o Glucophage XR
VIIBRYD (<i>vilazodone hcl</i>)	Debe tener un historial de reclamos pagados de uno de los siguientes: <ul style="list-style-type: none"> • mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, bupropion, Paxil (suspensión oral) o desvenlafaxine succinate