

# BASAL INSULIN- PST

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## Products Affected

### Step 1:

- Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen
- Lantus U-100 Insulin 100 unit/mL subcutaneous solution
- Toujeo Max U-300 SoloStar 300 unit/mL (3 mL) subcutaneous insulin pen
- Toujeo SoloStar U-300 Insulin 300 unit/mL (1.5 mL) subcutaneous pen

### Step 2:

- Levemir FlexTouch U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen
- Levemir U-100 Insulin 100 unit/mL subcutaneous solution
- Tresiba FlexTouch U-100 insulin 100 unit/mL (3 mL) subcutaneous pen
- Tresiba FlexTouch U-200 insulin 200 unit/mL (3 mL) subcutaneous pen
- Tresiba U-100 Insulin 100 unit/mL subcutaneous solution

## Details

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Criteria
If the patient has tried ONE Toujeo Step 1 drug (Toujeo Solostar or Toujeo Max Solostar) and ONE Lantus Step 1 drug (Lantus or Lantus Solostar), approve the requested Step 2 drug. Approve Levemir or Levemir Flextouch without a trial of a Step 1 drug if the patient is pregnant. Approve Levemir or Levemir Flextouch in patients who are greater than or equal to 2 but less than 6 years old without a trial of a Step 1 drug. Approve Tresiba if the patient is greater than or equal to 1 but less than 6 years old without a trial of a Step 1 product.

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# BOWEL EVACUANT COMBINATIONS

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## Products Affected

### Step 1:

- Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution
- GaviLyte-G 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution
- GaviLyte-N 420 gram oral solution
- peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution
- peg-electrolyte solution 420 gram oral solution

### Step 2:

- Clenpiq 10 mg-3.5 gram-12 gram/160 mL oral solution
- Suprep Bowel Prep Kit 17.5 gram-3.13 gram-1.6 gram oral solution

## Details

<b>Criteria</b>	If the patient has tried one Step 1 drug, approve the requested Step 2 drug. If the patient is requesting Clenpiq or Suprep (i.e., a step 2 low volume preparation) and the patient meets one of the following criteria (A, B, or C), approve the requested drug without a trial of a step 1 drug: A) patient has phenylketonuria, or B) patient has a glucose-6 phosphate dehydrogenase deficiency
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## BRAND NSAIDS

### Products Affected

#### Step 1:

- celecoxib 100 mg capsule
- celecoxib 200 mg capsule
- celecoxib 400 mg capsule
- celecoxib 50 mg capsule
- diclofenac ER 100 mg tablet,extended release 24 hr
- diclofenac potassium 50 mg tablet
- diclofenac sodium 25 mg tablet,delayed release
- diclofenac sodium 50 mg tablet,delayed release
- diclofenac sodium 75 mg tablet,delayed release
- etodolac 200 mg capsule
- etodolac 300 mg capsule
- etodolac 400 mg tablet
- etodolac 500 mg tablet
- etodolac ER 400 mg tablet,extended release 24 hr
- etodolac ER 500 mg tablet,extended release 24 hr
- etodolac ER 600 mg tablet,extended release 24 hr
- flurbiprofen 100 mg tablet
- IBU 600 mg tablet
- IBU 800 mg tablet
- ibuprofen 100 mg/5 mL oral suspension
- ibuprofen 400 mg tablet
- ibuprofen 600 mg tablet
- ibuprofen 800 mg tablet
- ibuprofen 800 mg-famotidine 26.6 mg tablet
- ketoprofen 25 mg capsule
- ketoprofen 50 mg capsule
- ketoprofen 75 mg capsule
- meloxicam 15 mg tablet
- meloxicam 7.5 mg tablet
- meloxicam submicronized 10 mg capsule
- meloxicam submicronized 5 mg capsule
- nabumetone 500 mg tablet
- nabumetone 750 mg tablet
- naproxen 125 mg/5 mL oral suspension
- naproxen 250 mg tablet
- naproxen 375 mg tablet
- naproxen 375 mg tablet,delayed release
- naproxen 500 mg tablet
- naproxen 500 mg tablet,delayed release
- piroxicam 10 mg capsule
- piroxicam 20 mg capsule
- sulindac 150 mg tablet
- sulindac 200 mg tablet

#### Step 2:

- Cambia 50 mg oral powder packet
- Duexis 800 mg-26.6 mg tablet
- ketorolac 15.75 mg/spray nasal spray
- Nalfon 400 mg capsule
- Sprix 15.75 mg/spray nasal spray

### Details

<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. Authorization may be given for Sprix (ketorolac nasal spray) for patients with difficulty swallowing or who cannot swallow without a trial of a step 1 drug. Approve Cambia without a trial of a step 1 drug if the indication is migraine attacks.
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# DPP-4 INHIBITORS-PST

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## Products Affected

### Step 1:

- Janumet 50 mg-1,000 mg tablet
- Janumet 50 mg-500 mg tablet
- Janumet XR 100 mg-1,000 mg tablet,extended release
- Janumet XR 50 mg-1,000 mg tablet,extended release
- Janumet XR 50 mg-500 mg tablet,extended release
- Januvia 100 mg tablet
- Januvia 25 mg tablet
- Januvia 50 mg tablet

### Step 2:

- Jentadueto 2.5 mg-1,000 mg tablet
- Jentadueto 2.5 mg-500 mg tablet
- Jentadueto 2.5 mg-850 mg tablet
- Jentadueto XR 2.5 mg-1,000 mg tablet, extended release
- Jentadueto XR 5 mg-1,000 mg tablet, extended release
- Tradjenta 5 mg tablet

## Details

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<b>Criteria</b>	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug. If the patient is requesting Tradjenta, Jentadueto, or Jentadueto XR and has a history of heart failure or renal impairment and has tried one of Januvia, Janumet, or Janumet XR in the past, approve the requested drug with no additional drug trial requirements.
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# FLUTICASONE-SALMETEROL - PST

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## Products Affected

### Step 1:

- Advair Diskus 100 mcg-50 mcg/dose powder for inhalation
- Advair Diskus 250 mcg-50 mcg/dose powder for inhalation
- Advair Diskus 500 mcg-50 mcg/dose powder for inhalation

### Step 2:

- fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation
- fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation
- fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation
- Wixela Inhub 100 mcg-50 mcg/dose powder for inhalation
- Wixela Inhub 250 mcg-50 mcg/dose powder for inhalation
- Wixela Inhub 500 mcg-50 mcg/dose powder for inhalation

## Details

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Criteria	
	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.

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# HMG CO-A REDUCTASE INHIBITORS

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## Products Affected

### Step 1:

- amlodipine 10 mg-atorvastatin 10 mg tablet
- amlodipine 10 mg-atorvastatin 20 mg tablet
- amlodipine 10 mg-atorvastatin 40 mg tablet
- amlodipine 10 mg-atorvastatin 80 mg tablet
- amlodipine 2.5 mg-atorvastatin 10 mg tablet
- amlodipine 2.5 mg-atorvastatin 20 mg tablet
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- amlodipine 5 mg-atorvastatin 80 mg tablet
- atorvastatin 10 mg tablet
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- atorvastatin 40 mg tablet
- atorvastatin 80 mg tablet
- ezetimibe 10 mg-simvastatin 10 mg tablet
- ezetimibe 10 mg-simvastatin 20 mg tablet
- ezetimibe 10 mg-simvastatin 40 mg tablet
- ezetimibe 10 mg-simvastatin 80 mg tablet
- fluvastatin 20 mg capsule
- fluvastatin 40 mg capsule
- lovastatin 10 mg tablet
- lovastatin 20 mg tablet
- lovastatin 40 mg tablet
- pravastatin 10 mg tablet
- pravastatin 20 mg tablet
- pravastatin 40 mg tablet
- pravastatin 80 mg tablet
- rosuvastatin 10 mg tablet
- rosuvastatin 20 mg tablet
- rosuvastatin 40 mg tablet
- rosuvastatin 5 mg tablet
- simvastatin 10 mg tablet
- simvastatin 20 mg tablet
- simvastatin 40 mg tablet
- simvastatin 5 mg tablet
- simvastatin 80 mg tablet

### Step 2:

- Ezallor Sprinkle 10 mg capsule
- Ezallor Sprinkle 20 mg capsule
- Ezallor Sprinkle 40 mg capsule
- Ezallor Sprinkle 5 mg capsule
- FloLipid 20 mg/5 mL (4 mg/mL) oral suspension
- FloLipid 40 mg/5 mL (8 mg/mL) oral suspension
- Livalo 1 mg tablet
- Livalo 2 mg tablet
- Livalo 4 mg tablet

## Details

<b>Criteria</b>	If the patient has tried one step 1 drug, approve the requested step 2 drug. If the patient has tried a brand name version of one of the step 1 generic drugs in the past, approve the requested step 2 drug without a trial of a step 1 drug. If the patient is requesting Flolipid or Ezallor and cannot or has difficulty swallowing tablets or capsules, approve the requested drug without a trial of a step 1 drug.
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## INHALED LA MUSCARINIC AGENTS- PST

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### Products Affected

#### Step 1:

- Spiriva Respimat 1.25 mcg/actuation solution for inhalation
- Spiriva Respimat 2.5 mcg/actuation solution for inhalation
- Spiriva with HandiHaler 18 mcg and inhalation capsules

#### Step 2:

- Incruse Ellipta 62.5 mcg/actuation powder for inhalation

### Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug.
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# INHALED LAMA/LABA COMBO PRODUCTS - PST

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## Products Affected

### Step 1:

- Stiolto Respimat 2.5 mcg-2.5 mcg/actuation solution for inhalation

### Step 2:

- Anoro Ellipta 62.5 mcg-25 mcg/actuation powder for inhalation
- Bevespi Aerosphere 9 mcg-4.8 mcg HFA aerosol inhaler

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Anoro Ellipta if the patient is unable to coordinate breath and actuation with a metered-dose inhaler (MDI) without a trial of a Step 1 drug.
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## OPHTHALMIC PROSTAGLANDINS-PST

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### Products Affected

#### Step 1:

- latanoprost 0.005 % eye drops
- Lumigan 0.01 % eye drops

#### Step 2:

- Vyzulta 0.024 % eye drops
- Xelpros 0.005 % eye drop emulsion
- Zioptan (PF) 0.0015 % eye drops in a dropperette

### Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Zioptan or Xelpros if the patient has a known benzalkonium chloride (BAK) sensitivity or a known sensitivity to other ophthalmic preservatives without a trial of a step 1 drug.
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# RAPID-ACTING INSULIN-PST

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## Products Affected

### Step 1:

- Humalog Junior KwikPen (U-100) 100 unit/mL subcutaneous half-unit pen
- Humalog KwikPen (U-100) Insulin 100 unit/mL subcutaneous
- Humalog KwikPen U-200 Insulin 200 unit/mL (3 mL) subcutaneous
- Humalog Mix 50-50 (U-100) Insulin 100 unit/mL subcutaneous suspension
- Humalog Mix 50-50 KwikPen U-100 Insulin 100 unit/mL subcutaneous pen
- Humalog Mix 75-25 (U-100) Insulin 100 unit/mL subcutaneous suspension
- Humalog Mix 75-25 KwikPen U-100 insulin 100 unit/mL subcutaneous pen
- Humalog U-100 Insulin 100 unit/mL subcutaneous cartridge
- Humalog U-100 Insulin 100 unit/mL subcutaneous solution

### Step 2:

- insulin lispro (U-100) 100 unit/mL subcutaneous half-unit pen
- insulin lispro (U-100) 100 unit/mL subcutaneous pen
- insulin lispro (U-100) 100 unit/mL subcutaneous solution
- insulin lispro protamine-lispro 100 unit/mL (75-25) subcutaneous pen

## Details

<b>Criteria</b>	If the patient has tried one Humalog product step 1 drug (any formulation) and the step 1 drug Lyumjev, approve the requested Step 2 drug. If the patient is less than 18 years of age, approve if the patient has tried a Humalog product (any formulation) [no trial with Lyumjev is required]. If the patient is using a continuous subcutaneous insulin infusion (insulin pump), approve if the patient has tried a Humalog product (any formulation) [no trial with Lyumjev is required].
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## SHORT ACTING INHALED BRONCHODILATORS

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### Products Affected

#### Step 1:

- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler
- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler (NDA020503)

#### Step 2:

- levalbuterol HFA 45 mcg/actuation aerosol inhaler
- ProAir HFA 90 mcg/actuation aerosol inhaler
- ProAir RespiClick 90 mcg/actuation breath activated

### Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Proair Respiclick or Proair Digihaler for patients who are unable to coordinate breath and actuation with a metered dose inhaler without a trial of a step 1 drug.
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# TOPICAL PRODUCTS FOR ROSACEA

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## Products Affected

### Step 1:

- azelaic acid 15 % topical gel
- ivermectin 1 % topical cream
- metronidazole 0.75 % lotion
- metronidazole 0.75 % topical cream
- metronidazole 0.75 % topical gel
- metronidazole 1 % topical gel

### Step 2:

- Finacea 15 % topical foam
- Zilxi 1.5 % topical foam

## Details

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Criteria	
	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.

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