PENDING CMS REVIEW & APPROVAL

ANTICOAGULANT

Products Affected

Step 1:

- Eliquis DVT/PE Starter Pack Tablet Therapy Pack 5 MG Oral
- Eliquis Tablet 2.5 MG Oral
- Eliquis Tablet 5 MG Oral

Step 2:

- Rivaroxaban Tablet 2.5 MG Oral

Details

Criteria	1. If the patient has tried one Step 1 product, approve a Step 2 product. 2. If the patient is requesting rivaroxaban for thromboprophylaxis in a patient with congenital heart disease who has undergone the Fontan procedure, approve rivaroxaban without a trial of a Step 1 product. 3. If the patient is requesting rivaroxaban for prophylaxis of VTE in an acutely ill medical patient, approve rivaroxaban without a trial of a Step 1 product. 4. If the patient is requesting rivaroxaban 2.5 mg tablets for coronary artery disease or peripheral artery disease, approve rivaroxaban without a trial of a Step 1 product. 5. If the patient is currently receiving rivaroxaban, approve rivaroxaban without a trial of a Step 1 product.

PENDING CMS REVIEW & APPROVAL

ANTIDEPRESSANTS

Products Affected

Step 1:

- buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 100 MG Oral
- buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 150 MG Oral
- buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 200 MG Oral
- buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 150 MG Oral
- buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 300 MG Oral
- Citalopram Hydrobromide Solution 10 MG/5ML Oral
- Citalopram Hydrobromide Tablet 10 MG Oral
- Citalopram Hydrobromide Tablet 20 MG Oral
- Citalopram Hydrobromide Tablet 40 MG Oral
- DULoxetine HCl Capsule Delayed Release Particles 20 MG Oral
- DULoxetine HCl Capsule Delayed Release Particles 30 MG Oral
- DULoxetine HCl Capsule Delayed Release Particles 60 MG Oral
- Escitalopram Oxalate Tablet 10 MG Oral
- Escitalopram Oxalate Tablet 20 MG Oral
- Escitalopram Oxalate Tablet 5 MG Oral
- FLUoxetine HCl Capsule 10 MG Oral
- FLUoxetine HCl Capsule 20 MG Oral
- FLUoxetine HCl Capsule 40 MG Oral
- FLUoxetine HCl Solution 20 MG/5ML Oral
- fluvoxaMINE Maleate Tablet 100 MG Oral
- fluvoxaMINE Maleate Tablet 25 MG Oral
- fluvoxaMINE Maleate Tablet 50 MG Oral
- PARoxetine HCl Tablet 10 MG Oral
- PARoxetine HCl Tablet 20 MG Oral
- PARoxetine HCl Tablet 30 MG Oral
- PARoxetine HCl Tablet 40 MG Oral
- Sertraline HCl Concentrate 20 MG/ML Oral
- Sertraline HCl Tablet 100 MG Oral
- Sertraline HCl Tablet 25 MG Oral
- Sertraline HCl Tablet 50 MG Oral
- Venlafaxine HCl ER Capsule Extended Release 24 Hour 150 MG Oral
- Venlafaxine HCl ER Capsule Extended Release 24 Hour 37.5 MG Oral
- Venlafaxine HCl ER Capsule Extended Release 24 Hour 75 MG Oral
- Venlafaxine HCl Tablet 100 MG Oral
- Venlafaxine HCl Tablet 25 MG Oral
- Venlafaxine HCl Tablet 37.5 MG Oral
- Venlafaxine HCl Tablet 50 MG Oral
- Venlafaxine HCl Tablet 75 MG Oral

Step 2:

- Exxua Tablet Extended Release 24 Hour 18.2 MG Oral
- Exxua Tablet Extended Release 24 Hour 36.3 MG Oral
- Exxua Tablet Extended Release 24 Hour 54.5 MG Oral
- Exxua Tablet Extended Release 24 Hour 72.6 MG Oral
- Exxua Titration Pack Tablet Extended Release 24 Hour 18.2 MG Oral

PENDING CMS REVIEW & APPROVAL

Details

Criteria	1. If the patient has tried two Step 1 products, approve a Step 2 product. 2. If the patient is currently taking or has taken the requested Step 2 product at any time in the past, approve the requested product without a trial of a Step 1 product. 3. If the patient has suicidal ideation, approve the requested Step 2 product without a trial of a Step 1 product.

PENDING CMS REVIEW & APPROVAL

ANTIPSYCHOTICS (ORAL) - PST

Products Affected

Step 1:

- ARIPiprazole Solution 1 MG/ML Oral
- ARIPiprazole Tablet 10 MG Oral
- ARIPiprazole Tablet 15 MG Oral
- ARIPiprazole Tablet 2 MG Oral
- ARIPiprazole Tablet 20 MG Oral
- ARIPiprazole Tablet 30 MG Oral
- ARIPiprazole Tablet 5 MG Oral
- ARIPiprazole Tablet Dispersible 10 MG Oral
- ARIPiprazole Tablet Dispersible 15 MG Oral
- Asenapine Maleate Tablet Sublingual 10 MG Sublingual
- Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual
- Asenapine Maleate Tablet Sublingual 5 MG Sublingual
- Caplyta Capsule 10.5 MG Oral
- Caplyta Capsule 21 MG Oral
- Caplyta Capsule 42 MG Oral
- Cobenfy Capsule 100-20 MG Oral
- Cobenfy Capsule 125-30 MG Oral
- Cobenfy Capsule 50-20 MG Oral
- Cobenfy Starter Pack Capsule Therapy Pack 50-20 & 100-20 MG Oral
- Lurasidone HCl Tablet 120 MG Oral
- Lurasidone HCl Tablet 20 MG Oral
- Lurasidone HCl Tablet 40 MG Oral
- Lurasidone HCl Tablet 60 MG Oral
- Lurasidone HCl Tablet 80 MG Oral
- Lybalvi Tablet 10-10 MG Oral
- Lybalvi Tablet 15-10 MG Oral
- Lybalvi Tablet 20-10 MG Oral
- Lybalvi Tablet 5-10 MG Oral
- OLANZapine Tablet 10 MG Oral
- OLANZapine Tablet 15 MG Oral
- OLANZapine Tablet 2.5 MG Oral
- OLANZapine Tablet 20 MG Oral
- OLANZapine Tablet 5 MG Oral
- OLANZapine Tablet 7.5 MG Oral
- OLANZapine Tablet Dispersible 10 MG Oral
- OLANZapine Tablet Dispersible 15 MG Oral
- OLANZapine Tablet Dispersible 20 MG Oral
- OLANZapine Tablet Dispersible 5 MG Oral
- Opipza Film 10 MG Oral
- Opipza Film 2 MG Oral
- Opipza Film 5 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral
- QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 150 MG Oral
- QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 200 MG Oral
- QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 300 MG Oral
- QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 400 MG Oral
- QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 50 MG Oral
- QUEtiapine Fumarate Tablet 100 MG Oral

- QUEtiapine Fumarate Tablet 200 MG Oral
- QUEtiapine Fumarate Tablet 25 MG Oral
- QUEtiapine Fumarate Tablet 300 MG Oral
- QUEtiapine Fumarate Tablet 400 MG Oral
- QUEtiapine Fumarate Tablet 50 MG Oral
- Rexulti TABLET 0.25 MG ORAL
- Rexulti Tablet 0.5 MG Oral
- Rexulti Tablet 1 MG Oral
- Rexulti Tablet 2 MG Oral
- Rexulti Tablet 3 MG Oral
- Rexulti Tablet 4 MG Oral
- risperiDONE Solution 1 MG/ML Oral
- risperiDONE Tablet 0.25 MG Oral
- risperiDONE Tablet 0.5 MG Oral
- risperiDONE Tablet 1 MG Oral
- risperiDONE Tablet 2 MG Oral
- risperiDONE Tablet 3 MG Oral
- risperiDONE Tablet 4 MG Oral
- risperiDONE Tablet Dispersible 0.25 MG Oral
- risperiDONE Tablet Dispersible 0.5 MG Oral
- risperiDONE Tablet Dispersible 1 MG Oral
- risperiDONE Tablet Dispersible 2 MG Oral
- risperiDONE Tablet Dispersible 3 MG Oral
- risperiDONE Tablet Dispersible 4 MG Oral
- Vraylar Capsule 0.5 MG Oral
- Vraylar Capsule 0.75 MG Oral
- Vraylar CAPSULE 1.5 MG Oral
- Vraylar CAPSULE 3 MG Oral
- Vraylar CAPSULE 4.5 MG Oral
- Vraylar CAPSULE 6 MG Oral
- Ziprasidone HCl Capsule 20 MG Oral
- Ziprasidone HCl Capsule 40 MG Oral
- Ziprasidone HCl Capsule 60 MG Oral
- Ziprasidone HCl Capsule 80 MG Oral

Step 2:

- Fanapt Tablet 1 MG Oral
- Fanapt Tablet 10 MG Oral
- Fanapt Tablet 12 MG Oral
- Fanapt Tablet 2 MG Oral
- Fanapt Tablet 4 MG Oral
- Fanapt Tablet 6 MG Oral
- Fanapt Tablet 8 MG Oral
- Fanapt Titration Pack A Tablet 1 & 2 & 4 & 6 MG Oral
- Fanapt Titration Pack B Tablet 1 & 2 & 6 & 8 MG Oral
- Fanapt Titration Pack C Tablet 1 & 2 & 6 MG Oral

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. [Note: A trial of the brand name equivalent of a generic step 1 product will also count towards this requirement.] Approve if the patient is currently taking the requested drug. Approve if the patient has taken the requested drug at any time in the past.

PENDING CMS REVIEW & APPROVAL

CONSTIPATION AGENTS - OTHER - PST

Products Affected

Step 1:

- Symproic Tablet 0.2 MG Oral

Step 2:

- Relistor Solution 12 MG/0.6ML Subcutaneous
- Relistor Solution Prefilled Syringe 12 MG/0.6ML Subcutaneous
- Relistor Solution Prefilled Syringe 8 MG/0.4ML Subcutaneous

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Relistor injection if being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care without a trial of a Step 1 drug.

PENDING CMS REVIEW & APPROVAL

PULMONARY ANTI-INFLAMMATORY - PST

Products Affected

Step 1:

- Alvesco Aerosol Solution 160 MCG/ACT Inhalation
- Alvesco Aerosol Solution 80 MCG/ACT Inhalation
- Asmanex (120 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation
- Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 110 MCG/ACT Inhalation
- Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation
- Asmanex (60 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation
- Asmanex HFA Aerosol 100 MCG/ACT Inhalation
- Asmanex HFA Aerosol 200 MCG/ACT Inhalation
- Asmanex HFA Aerosol 50 MCG/ACT Inhalation
- Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation
- Qvar RediHaler Aerosol Breath Activated 40 MCG/ACT Inhalation
- Qvar RediHaler Aerosol Breath Activated 80 MCG/ACT Inhalation

Step 2:

- Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation
- Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient is 5 to 11 years of age and is unable to use BOTH a dry powder inhaler AND a breath-actuated metered-dose inhaler (i.e., Qvar Redihaler), approve fluticasone propionate HFA if the patient has tried Asmanex HFA. If the patient is 4 years of age or younger, approve fluticasone propionate HFA (AA to Flovent HFA) without a trial of a Step 1 drug. If the patient is being treated for eosinophilic esophagitis or chronic graft versus host disease with lung involvement (bronchiolitis obliterans syndrome), approve fluticasone propionate HFA without a trial of a Step 1 drug. If the patient is pregnant and is currently receiving the requested drug, approve without a trial of a Step 1 drug.

PENDING CMS REVIEW & APPROVAL

TRAZODONE

Products Affected

Step 1:

- traZODone HCl Tablet 100 MG Oral
- traZODone HCl Tablet 150 MG Oral
- traZODone HCl Tablet 300 MG Oral
- traZODone HCl Tablet 50 MG Oral

Step 2:

- Raldesy Solution 10 MG/ML Oral

Details

Criteria	If the patient has tried one Step 1 drug, then authorization for a Step 2 drug will be given. Approve Raldesy if the patient has difficulty swallowing tablets or cannot swallow tablets. Approve if the patient is currently taking Raldesy or has taken Raldesy at any time in the past.