

**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ANALGESICS, NARCOTICS

Products Affected

Step 2:

- *morphine sulfate er capsule extended release 24 hour 10 mg oral*
- *morphine sulfate er capsule extended release 24 hour 100 mg oral*
- *morphine sulfate er capsule extended release 24 hour 20 mg oral*
- *morphine sulfate er capsule extended release 24 hour 30 mg oral*
- *morphine sulfate er capsule extended release 24 hour 50 mg oral*
- *morphine sulfate er capsule extended release 24 hour 60 mg oral*
- *morphine sulfate er capsule extended release 24 hour 80 mg oral*

Details

Criteria	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ANTIGOUT AGENTS

Products Affected

Step 2:

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ANTIULCER AGENTS

Products Affected

Step 2:

- *esomeprazole magnesium packet 10 mg oral*
- *esomeprazole magnesium packet 20 mg oral*
- *esomeprazole magnesium packet 40 mg oral*
- *lansoprazole tablet delayed release dispersible 15 mg oral*
- *lansoprazole tablet delayed release dispersible 30 mg oral*
- *pantoprazole sodium packet 40 mg oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ARIPIPIRAZOLE ODT

Products Affected

Step 2:

- *aripiprazole tablet dispersible 10 mg oral* • *aripiprazole tablet dispersible 15 mg oral*

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPIRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ASENAPINE PATCH

Products Affected

Step 2:

- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENA PINE, PALIPERIDONE WITHIN PAST 365 DAYS
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL
- *cyclophosphamide capsule 50 mg oral*
- *cyclophosphamide tablet 25 mg oral*
- CYCLOPHOSPHAMIDE TABLET 50 MG ORAL
- JYLAMVO SOLUTION 2 MG/ML ORAL
- *methotrexate sodium tablet 2.5 mg oral*
- XATMEP SOLUTION 2.5 MG/ML ORAL

Details

Criteria	
	IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.

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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

BREXPIPIRAZOLE

Products Affected

Step 2:

- 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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPIRAZOLE, ZIPRASIDONE IN PAST 365 DAYS
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

CARIPRAZINE

Products Affected

Step 2:

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

CENOBAMATE

Products Affected

Step 2:

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

CLOZAPINE

Products Affected

Step 2:

- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- VERSACLOZ SUSPENSION 50 MG/ML
ORAL

Details

Criteria	ST Criteria: Pending CMS Approval
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY TABLET EXTENDED
RELEASE 45-105 MG ORAL

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

Details

Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

DRIZALMA SPRINKLE

Products Affected

Step 2:

- DRIZALMA SPRINKLE CAPSULE
DELAYED RELEASE SPRINKLE 20
MG ORAL
- DRIZALMA SPRINKLE CAPSULE
DELAYED RELEASE SPRINKLE 30
MG ORAL
- DRIZALMA SPRINKLE CAPSULE
DELAYED RELEASE SPRINKLE 40
MG ORAL
- DRIZALMA SPRINKLE CAPSULE
DELAYED RELEASE SPRINKLE 60
MG ORAL

Details

Criteria	ST Criteria: Pending CMS Approval
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

EPRONTIA

Products Affected

Step 2:

- EPRONTIA SOLUTION 25 MG/ML
ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

FIBRATES

Products Affected

Step 2:

- *omega-3-acid ethyl esters capsule 1 gm oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

GLUCAGON

Products Affected

Step 2:

- *glucagon emergency kit 1 mg injection*

Details

Criteria	PRIOR CLAIM FOR GVOKE OR ZEGALOGUE IN THE PAST 120 DAYS
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Effective: 01/01/2025

**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

HIGH INTENSITY STATIN

Products Affected

Step 2:

- NEXLETOL TABLET 180 MG ORAL
- NEXLIZET TABLET 180-10 MG ORAL
- REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS
- REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS
- REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS

Details

Criteria	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

ILOPERIDONE

Products Affected

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 TABLET
1 & 2 & 4 & 6 MG ORAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

- COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML
- CVS GAUZE STERILE PAD 2"X2"
- EXEL COMFORT POINT PEN NEEDLE 29G X 12MM
- GLOBAL ALCOHOL PREP EASE PAD 70 %
- PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML
- QC ALCOHOL 70 % EXTERNAL
- *ra isopropyl alcohol wipes 70 % external*
- RELI-ON INSULIN SYRINGE 29G 0.3 ML
- ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML

Details

Criteria	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

LEVOMILNACIPRAN

Products Affected

Step 2:

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN THE PAST 365 DAYS
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

- CAPLYTA CAPSULE 10.5 MG ORAL
- CAPLYTA CAPSULE 21 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPIRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

MEMANTINE ER

Products Affected

Step 2:

- *memantine hcl er capsule extended release 24 hour 14 mg oral*
- *memantine hcl er capsule extended release 24 hour 21 mg oral*
- *memantine hcl er capsule extended release 24 hour 28 mg oral*
- *memantine hcl er capsule extended release 24 hour 7 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
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Y0135_ST25_C
Formulary ID: 25261
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

METHOTREXATE INJECTOR

Products Affected

Step 2:

- RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML
SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML
SUBCUTANEOUS

Details

Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- *alrex suspension 0.2 % ophthalmic*
- *loteprednol etabonate suspension 0.2 % ophthalmic*

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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Y0135_ST25_C
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

PERAMPANEL

Products Affected

Step 2:

- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

RUFINAMIDE

Products Affected

Step 2:

- *rufinamide suspension 40 mg/ml oral*
- *rufinamide tablet 200 mg oral*
- *rufinamide tablet 400 mg oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

SELEGILINE PATCH

Products Affected

Step 2:

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL

Details

Criteria	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

SPRITAM

Products Affected

Step 2:

- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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**Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria**

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY TABLET 25 MG ORAL

Details

Criteria	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

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loteprednol etabonate suspension 0.2 % ophthalmic.....	25	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS .	24
M		RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	24
memantine hcl er capsule extended release 24 hour 14 mg oral.....	23	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS .	24
memantine hcl er capsule extended release 24 hour 21 mg oral.....	23	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	24
memantine hcl er capsule extended release 24 hour 28 mg oral.....	23	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS .	24
memantine hcl er capsule extended release 24 hour 7 mg oral.....	23	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	24
methotrexate sodium tablet 2.5 mg oral.....	6	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	24
morphine sulfate er capsule extended release 24 hour 10 mg oral.....	1	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS ...	24
morphine sulfate er capsule extended release 24 hour 100 mg oral.....	1	RELI-ON INSULIN SYRINGE 29G 0.3 ML.....	20
morphine sulfate er capsule extended release 24 hour 20 mg oral.....	1		
morphine sulfate er capsule extended release 24 hour 30 mg oral.....	1		

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS.....	18	U	ULTICARE INSULIN SYRINGE 30G X 5/16	20
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS.....	18	V	VEMLIDY TABLET 25 MG ORAL	30
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS.....	18	V	VERSACLOZ SUSPENSION 50 MG/ML ORAL.....	10
REXULTI TABLET 0.25 MG ORAL.....	7		VRAYLAR CAPSULE 1.5 MG ORAL	8
REXULTI TABLET 0.5 MG ORAL.....	7		VRAYLAR CAPSULE 3 MG ORAL	8
REXULTI TABLET 1 MG ORAL.....	7		VRAYLAR CAPSULE 4.5 MG ORAL	8
REXULTI TABLET 2 MG ORAL.....	7		VRAYLAR CAPSULE 6 MG ORAL	8
REXULTI TABLET 3 MG ORAL.....	7		VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	8
REXULTI TABLET 4 MG ORAL.....	7	X	XATMEP SOLUTION 2.5 MG/ML ORAL	6
rufinamide suspension 40 mg/ml oral.....	27		XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL	9
rufinamide tablet 200 mg oral.....	27		XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	9
rufinamide tablet 400 mg oral.....	27		XCOPRI TABLET 100 MG ORAL	9
S			XCOPRI TABLET 150 MG ORAL	9
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	5		XCOPRI TABLET 200 MG ORAL	9
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	5		XCOPRI TABLET 25 MG ORAL	9
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	5		XCOPRI TABLET 50 MG ORAL	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL	29		XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL.....	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	29		XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL.....	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	29		XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL.....	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL	29			

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