

# ANTIPSYCHOTICS (ORAL) - PST

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## Products Affected

### Step 1:

- *aripiprazole 1 mg/ml oral solution*
- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 10 mg tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *aripiprazole 15 mg tablet*
- *aripiprazole 2 mg tablet*
- *aripiprazole 20 mg tablet*
- *aripiprazole 30 mg tablet*
- *aripiprazole 5 mg tablet*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual tablet*
- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE
- COBENFY 100 MG-20 MG CAPSULE
- COBENFY 125 MG-30 MG CAPSULE
- COBENFY 50 MG-20 MG CAPSULE
- COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK
- *lurasidone 120 mg tablet*
- *lurasidone 20 mg tablet*
- *lurasidone 40 mg tablet*
- *lurasidone 60 mg tablet*
- *lurasidone 80 mg tablet*
- *olanzapine 10 mg disintegrating tablet*
- *olanzapine 10 mg tablet*
- *olanzapine 15 mg disintegrating tablet*
- *olanzapine 15 mg tablet*
- *olanzapine 2.5 mg tablet*
- *olanzapine 20 mg disintegrating tablet*
- *olanzapine 20 mg tablet*
- *olanzapine 5 mg disintegrating tablet*
- *olanzapine 5 mg tablet*
- *olanzapine 7.5 mg tablet*
- *paliperidone er 1.5 mg tablet,extended release 24 hr*
- *paliperidone er 3 mg tablet,extended release 24 hr*
- *paliperidone er 6 mg tablet,extended release 24 hr*
- *paliperidone er 9 mg tablet,extended release 24 hr*
- *quetiapine 100 mg tablet*
- *quetiapine 200 mg tablet*
- *quetiapine 25 mg tablet*
- *quetiapine 300 mg tablet*
- *quetiapine 400 mg tablet*
- *quetiapine 50 mg tablet*
- *quetiapine er 150 mg tablet,extended release 24 hr*
- *quetiapine er 200 mg tablet,extended release 24 hr*
- *quetiapine er 300 mg tablet,extended release 24 hr*
- *quetiapine er 400 mg tablet,extended release 24 hr*
- *quetiapine er 50 mg tablet,extended release 24 hr*
- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET
- *risperidone 0.25 mg disintegrating tablet*
- *risperidone 0.25 mg tablet*
- *risperidone 0.5 mg disintegrating tablet*
- *risperidone 0.5 mg tablet*
- *risperidone 1 mg disintegrating tablet*
- *risperidone 1 mg tablet*
- *risperidone 1 mg/ml oral solution*
- *risperidone 2 mg disintegrating tablet*
- *risperidone 2 mg tablet*
- *risperidone 3 mg disintegrating tablet*
- *risperidone 3 mg tablet*
- *risperidone 4 mg disintegrating tablet*
- *risperidone 4 mg tablet*
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE

- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE
- *ziprasidone 20 mg capsule*
- *ziprasidone 40 mg capsule*
- *ziprasidone 60 mg capsule*
- *ziprasidone 80 mg capsule*

**Step 2:**

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET

**Details**

<b>Criteria</b>	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.
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# CONSTIPATION AGENTS - OTHER - PST

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## Products Affected

### Step 1:

- SYMPROIC 0.2 MG TABLET

### Step 2:

- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION
- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE
- RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE

## Details

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<b>Criteria</b>	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.
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# DEXTROMETHORPHAN/BUPROPION

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## Products Affected

### Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *desvenlafaxine succinate er 100 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 25 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 50 mg tablet, extended release 24 hr*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *nefazodone 100 mg tablet*
- *nefazodone 150 mg tablet*
- *nefazodone 200 mg tablet*
- *nefazodone 250 mg tablet*
- *nefazodone 50 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 10 mg/5 ml oral suspension*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

### Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

## Details

<b>Criteria</b>	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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# PULMONARY ANTI-INFLAMMATORY - PST

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## Products Affected

### Step 1:

- ALVESCO 160 MCG/ACTUATION AEROSOL INHALER
- ALVESCO 80 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

### Step 2:

- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER

## Details

<b>Criteria</b>	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.
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## Index

### A

ALVESCO 160 MCG/ACTUATION  
AEROSOL INHALER..... 6

ALVESCO 80 MCG/ACTUATION  
AEROSOL INHALER..... 6

aripiprazole 1 mg/ml oral solution..... 1, 2

aripiprazole 10 mg disintegrating tablet . 1, 2

aripiprazole 10 mg tablet ..... 1, 2

aripiprazole 15 mg disintegrating tablet . 1, 2

aripiprazole 15 mg tablet ..... 1, 2

aripiprazole 2 mg tablet ..... 1, 2

aripiprazole 20 mg tablet ..... 1, 2

aripiprazole 30 mg tablet ..... 1, 2

aripiprazole 5 mg tablet ..... 1, 2

asenapine 10 mg sublingual tablet ..... 1, 2

asenapine 2.5 mg sublingual tablet ..... 1, 2

asenapine 5 mg sublingual tablet ..... 1, 2

ASMANEX HFA 100 MCG/ACTUATION  
AEROSOL INHALER..... 6

ASMANEX HFA 200 MCG/ACTUATION  
AEROSOL INHALER..... 6

ASMANEX HFA 50 MCG/ACTUATION  
AEROSOL INHALER..... 6

ASMANEX TWISTHALER 110  
MCG/ACTUATION(30 DOSES)  
BREATH ACTIVATED INHALR..... 6

ASMANEX TWISTHALER 220  
MCG/ACTUATION(120 DOSES)  
BREATH ACTIVATED INHLR ..... 6

ASMANEX TWISTHALER 220  
MCG/ACTUATION(30 DOSES)  
BREATH ACTIVATED INHALR..... 6

ASMANEX TWISTHALER 220  
MCG/ACTUATION(60 DOSES)  
BREATH ACTIVATED INHALR..... 6

AUVELITY 45 MG-105 MG TABLET,  
EXTENDED RELEASE..... 4, 5

### B

bupropion hcl 100 mg tablet ..... 4, 5

bupropion hcl 75 mg tablet ..... 4, 5

bupropion hcl sr 100 mg tablet,12 hr  
sustained-release ..... 4, 5

bupropion hcl sr 150 mg tablet,12 hr  
sustained-release ..... 4, 5

bupropion hcl sr 200 mg tablet,12 hr  
sustained-release ..... 4, 5

bupropion hcl xl 150 mg 24 hr tablet,  
extended release ..... 4, 5

bupropion hcl xl 300 mg 24 hr tablet,  
extended release ..... 4, 5

### C

CAPLYTA 10.5 MG CAPSULE ..... 1, 2

CAPLYTA 21 MG CAPSULE ..... 1, 2

CAPLYTA 42 MG CAPSULE ..... 1, 2

citalopram 10 mg tablet ..... 4, 5

citalopram 10 mg/5 ml oral solution ..... 4, 5

citalopram 20 mg tablet ..... 4, 5

citalopram 40 mg tablet ..... 4, 5

COBENFY 100 MG-20 MG CAPSULE 1, 2

COBENFY 125 MG-30 MG CAPSULE 1, 2

COBENFY 50 MG-20 MG CAPSULE.. 1, 2

COBENFY STARTER PACK 50 MG-20  
MG/100 MG-20 MG CAPSULES IN A  
DOSE PACK ..... 1, 2

### D

desvenlafaxine succinate er 100 mg  
tablet,extended release 24 hr ..... 4, 5

desvenlafaxine succinate er 25 mg  
tablet,extended release 24 hr ..... 4, 5

desvenlafaxine succinate er 50 mg  
tablet,extended release 24 hr ..... 4, 5

duloxetine 20 mg capsule,delayed release . 4,  
5

duloxetine 30 mg capsule,delayed release . 4,  
5

duloxetine 60 mg capsule,delayed release . 4,  
5

### E

escitalopram 10 mg tablet ..... 4, 5

escitalopram 20 mg tablet ..... 4, 5

escitalopram 5 mg tablet ..... 4, 5

escitalopram 5 mg/5 ml oral solution..... 4, 5

### F

FANAPT 1 MG TABLET ..... 2

FANAPT 10 MG TABLET ..... 2

FANAPT 12 MG TABLET ..... 2

FANAPT 1MG(2)-2 MG(2)-4MG(2)-6  
MG(2) TABLETS IN A DOSE PACK... 2

FANAPT 2 MG TABLET .....	2
FANAPT 4 MG TABLET .....	2
FANAPT 6 MG TABLET .....	2
FANAPT 8 MG TABLET .....	2
fluoxetine 10 mg capsule .....	4, 5
fluoxetine 20 mg capsule .....	4, 5
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution.....	4, 5
fluoxetine 40 mg capsule .....	4, 5
FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER.....	6
FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER.....	6
FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER.....	6
fluvoxamine 100 mg tablet .....	4, 5
fluvoxamine 25 mg tablet .....	4, 5
fluvoxamine 50 mg tablet .....	4, 5
<b>L</b>	
lurasidone 120 mg tablet.....	1, 2
lurasidone 20 mg tablet.....	1, 2
lurasidone 40 mg tablet.....	1, 2
lurasidone 60 mg tablet.....	1, 2
lurasidone 80 mg tablet.....	1, 2
<b>N</b>	
nefazodone 100 mg tablet .....	4, 5
nefazodone 150 mg tablet .....	4, 5
nefazodone 200 mg tablet .....	4, 5
nefazodone 250 mg tablet .....	4, 5
nefazodone 50 mg tablet .....	4, 5
<b>O</b>	
olanzapine 10 mg disintegrating tablet ...	1, 2
olanzapine 10 mg tablet .....	1, 2
olanzapine 15 mg disintegrating tablet ...	1, 2
olanzapine 15 mg tablet .....	1, 2
olanzapine 2.5 mg tablet .....	1, 2
olanzapine 20 mg disintegrating tablet ...	1, 2
olanzapine 20 mg tablet .....	1, 2
olanzapine 5 mg disintegrating tablet .....	1, 2
olanzapine 5 mg tablet .....	1, 2
olanzapine 7.5 mg tablet .....	1, 2

<b>P</b>	
paliperidone er 1.5 mg tablet,extended release 24 hr .....	1, 2
paliperidone er 3 mg tablet,extended release 24 hr .....	1, 2
paliperidone er 6 mg tablet,extended release 24 hr .....	1, 2
paliperidone er 9 mg tablet,extended release 24 hr .....	1, 2
paroxetine 10 mg tablet.....	4, 5
paroxetine 10 mg/5 ml oral suspension ..	4, 5
paroxetine 20 mg tablet.....	4, 5
paroxetine 30 mg tablet.....	4, 5
paroxetine 40 mg tablet.....	4, 5
paroxetine er 12.5 mg tablet,extended release 24 hr .....	4, 5
paroxetine er 25 mg tablet,extended release 24 hr .....	4, 5
paroxetine er 37.5 mg tablet,extended release 24 hr .....	4, 5
<b>Q</b>	
quetiapine 100 mg tablet.....	1, 2
quetiapine 200 mg tablet.....	1, 2
quetiapine 25 mg tablet.....	1, 2
quetiapine 300 mg tablet.....	1, 2
quetiapine 400 mg tablet.....	1, 2
quetiapine 50 mg tablet.....	1, 2
quetiapine er 150 mg tablet,extended release 24 hr .....	1, 2
quetiapine er 200 mg tablet,extended release 24 hr .....	1, 2
quetiapine er 300 mg tablet,extended release 24 hr .....	1, 2
quetiapine er 400 mg tablet,extended release 24 hr .....	1, 2
quetiapine er 50 mg tablet,extended release 24 hr .....	1, 2
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL .....	6
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL .....	6
<b>R</b>	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION.....	3

RELISTOR 12 MG/0.6 ML	
SUBCUTANEOUS SYRINGE .....	3
RELISTOR 8 MG/0.4 ML	
SUBCUTANEOUS SYRINGE .....	3
REXULTI 0.25 MG TABLET.....	1, 2
REXULTI 0.5 MG TABLET.....	1, 2
REXULTI 1 MG TABLET.....	1, 2
REXULTI 2 MG TABLET.....	1, 2
REXULTI 3 MG TABLET.....	1, 2
REXULTI 4 MG TABLET.....	1, 2
risperidone 0.25 mg disintegrating tablet	1, 2
risperidone 0.25 mg tablet.....	1, 2
risperidone 0.5 mg disintegrating tablet..	1, 2
risperidone 0.5 mg tablet.....	1, 2
risperidone 1 mg disintegrating tablet.....	1, 2
risperidone 1 mg tablet.....	1, 2
risperidone 1 mg/ml oral solution.....	1, 2
risperidone 2 mg disintegrating tablet.....	1, 2
risperidone 2 mg tablet.....	1, 2
risperidone 3 mg disintegrating tablet.....	1, 2
risperidone 3 mg tablet.....	1, 2
risperidone 4 mg disintegrating tablet.....	1, 2
risperidone 4 mg tablet.....	1, 2
<b>S</b>	
sertraline 100 mg tablet.....	4, 5
sertraline 20 mg/ml oral concentrate.....	4, 5
sertraline 25 mg tablet.....	4, 5

sertraline 50 mg tablet.....	4, 5
SYMPROIC 0.2 MG TABLET .....	3
<b>V</b>	
venlafaxine 100 mg tablet.....	4, 5
venlafaxine 25 mg tablet.....	4, 5
venlafaxine 37.5 mg tablet.....	4, 5
venlafaxine 50 mg tablet.....	4, 5
venlafaxine 75 mg tablet.....	4, 5
venlafaxine er 150 mg capsule,extended	
release 24 hr .....	4, 5
venlafaxine er 37.5 mg capsule,extended	
release 24 hr .....	4, 5
venlafaxine er 75 mg capsule,extended	
release 24 hr .....	4, 5
vilazodone 10 mg tablet.....	4, 5
vilazodone 20 mg tablet.....	4, 5
vilazodone 40 mg tablet.....	4, 5
VRAYLAR 1.5 MG CAPSULE.....	1, 2
VRAYLAR 3 MG CAPSULE.....	1, 2
VRAYLAR 4.5 MG CAPSULE.....	2
VRAYLAR 6 MG CAPSULE.....	2
<b>Z</b>	
ziprasidone 20 mg capsule.....	2
ziprasidone 40 mg capsule.....	2
ziprasidone 60 mg capsule.....	2
ziprasidone 80 mg capsule.....	2