

## 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

<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*
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- *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*
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- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *sertraline 100 mg tablet*
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- *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
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- 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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CareSource® MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.



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