

CONSTIPATION AGENTS - PST

Products Affected

Step 1:

- Linzess 145 mcg capsule
- Linzess 290 mcg capsule
- Linzess 72 mcg capsule
- Trulance 3 mg tablet

Step 2:

- Motegrity 1 mg tablet
- Motegrity 2 mg tablet

Details

| | |
|-----------------|---|
| Criteria | If the patient has tried one Step 1 product, approve the requested step 2 drug. |
|-----------------|---|

MIGRAINE

Products Affected

Step 1:

- eletriptan 20 mg tablet
- eletriptan 40 mg tablet
- naratriptan 1 mg tablet
- naratriptan 2.5 mg tablet
- rizatriptan 10 mg disintegrating tablet
- rizatriptan 10 mg tablet
- rizatriptan 5 mg disintegrating tablet
- rizatriptan 5 mg tablet
- sumatriptan 100 mg tablet
- sumatriptan 20 mg/actuation nasal spray
- sumatriptan 25 mg tablet
- sumatriptan 4 mg/0.5 mL subcutaneous cartridge (refill)
- sumatriptan 4 mg/0.5 mL subcutaneous pen injector
- sumatriptan 5 mg/actuation nasal spray
- sumatriptan 50 mg tablet
- sumatriptan 6 mg/0.5 mL subcutaneous cartridge (refill)
- sumatriptan 6 mg/0.5 mL subcutaneous pen injector
- sumatriptan 6 mg/0.5 mL subcutaneous solution
- zolmitriptan 2.5 mg disintegrating tablet
- zolmitriptan 2.5 mg tablet
- zolmitriptan 5 mg disintegrating tablet
- zolmitriptan 5 mg tablet

Step 2:

- Trudhesa 0.725 mg/pump act. (4 mg/mL) nasal spray

Details

| | |
|-----------------|---|
| Criteria | If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient has a contraindication to triptan products, approve the requested Step 2 drug. |
|-----------------|---|

ORAL BISPHOSPHONATES

Products Affected

Step 1:

- alendronate 10 mg tablet
- alendronate 35 mg tablet
- alendronate 70 mg tablet
- alendronate 70 mg/75 mL oral solution
- ibandronate 150 mg tablet
- risedronate 150 mg tablet
- risedronate 30 mg tablet
- risedronate 35 mg tablet
- risedronate 35 mg tablet (12 pack)
- risedronate 35 mg tablet (4 pack)
- risedronate 35 mg tablet, delayed release
- risedronate 5 mg tablet

Step 2:

- Fosamax Plus D 70 mg-2,800 unit tablet
- Fosamax Plus D 70 mg-5,600 unit tablet

Details

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

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