



## 2024 Step Therapy (ST) Criteria

Some drugs require step therapy pre-approval. This means that your doctor must have you first try a different drug to treat your medical condition before we will cover a drug that needs step therapy pre-approval.

Below you will find a table of drugs that require step therapy pre-approval. If you find your drug on this list, talk to your doctor about what other drugs you could try first.

To see if your drug is on the list, refer to the index located at the end of this document for the medication you are looking for or click this [\[SEARCH\]](#) button and enter the name of your drug in the pop-up task pane.

## 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 (PMDD) 10 mg tablet
- fluoxetine (PMDD) 20 mg tablet
- fluoxetine 10 mg capsule
- fluoxetine 10 mg tablet
- fluoxetine 20 mg capsule
- fluoxetine 20 mg tablet
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluoxetine 90 mg capsule, delayed release
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- fluvoxamine ER 100 mg capsule, extended release 24 hr
- fluvoxamine ER 150 mg capsule, extended release 24 hr
- 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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## ORAL BISPHOSPHONATES

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### 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

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<b>Criteria</b>	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug.
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Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2025.

This document includes ConnectiCare Medicare Plan's partial formulary as of February 1, 2024. For a complete, updated formulary, please visit our website at [www.connecticare.com/Medicare](http://www.connecticare.com/Medicare) or call the Member Services number below.

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