

**Harvard Pilgrim Health Care
StrideSM Basic Rx (HMO),
StrideSM Value Rx (HMO),
StrideSM Value Rx Plus (HMO),
StrideSM Choice Rx (HMO-POS) and
StrideSM Gain RxSM (HMO)**



Step Therapy Requirements

Effective 09/01/2021

Updated 8/2/2021

Harvard Pilgrim Health Care includes
Harvard Pilgrim Health Care and Harvard Pilgrim
Health Care of New England.

BRAND NAME ANTIDEPRESSANTS

Products Affected

- 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
- PAXIL SUSPENSION 10 MG/5ML ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Details	
Criteria	USE OF A FIRST LINE GENERIC ANTIDEPRESSANT IN SSRI/SNRI CLASS OR GENERIC BUPROPION HYDROCHLORIDE

August 2021

Formulary ID: 21386 Effective: 9/1/2021

BRAND NAME ATYPICAL ANTIPSYCHOTICS

Products Affected

- ABILIFY MYCITE MAINTENANCE KIT TABLET 10 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 15 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 2 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 20 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 30 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 5 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 10 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 15 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 2 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 20 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 30 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 5 MG ORAL
- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL
- 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
- 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
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL

Details

Criteria	PRIOR HISTORY OR USE OF ONE FIRST LINE GENERIC ATYPICAL ANTIPSYCHOTIC AGENT
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August 2021

Formulary ID: 21386 Effective: 9/1/2021

GLAUCOMA AGENTS

Products Affected

- ROCKLATAN SOLUTION 0.02-0.005 %
OPHTHALMIC

Details

Criteria	USE OF FIRST LINE GENERIC OPHTHALMIC PROSTAGLANDIN ANALOGS
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August 2021

Formulary ID: 21386 Effective: 9/1/2021

LEVETIRACETAM

Products Affected

- 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	USE OF FIRST-LINE GENERIC LEVETIRACETAM
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August 2021

Formulary ID: 21386 Effective: 9/1/2021

OPHTHALMIC BETA BLOCKERS

Products Affected

- *betaxolol hcl solution 0.5 % ophthalmic*
- *timolol maleate gel forming solution 0.25 % ophthalmic*
- *timolol maleate gel forming solution 0.5 % ophthalmic*

Details

Criteria	FIRST-LINE USE OF GENERIC TIMOLOL MALEATE 0.25% OR 0.5% EYE DROPS
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August 2021

Formulary ID: 21386 Effective: 9/1/2021

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VRAYLAR CAPSULE 1.5 MG ORAL	2
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