

**Harvard Pilgrim Health Care  
Stride<sup>SM</sup> Basic Rx (HMO),  
Stride<sup>SM</sup> Value Rx (HMO),  
Stride<sup>SM</sup> Value Rx Plus (HMO),  
Stride<sup>SM</sup> Choice Rx (HMO-POS) and  
Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)**



## **Step Therapy Requirements**

Effective 3/1/2020

Updated 2/4/2020

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

# BRAND NAME ANTIDEPRESSANTS

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## 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
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG 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

Criteria	USE OF A FIRST LINE GENERIC ANTIDEPRESSANT IN SSRI/SNRI CLASS OR GENERIC BUPROPION HYDROCHLORIDE
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# BRAND NAME ATYPICAL ANTIPSYCHOTICS

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## Products Affected

- 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
- 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
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 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

<b>Criteria</b>	PRIOR HISTORY OR USE OF ONE FIRST LINE GENERIC ATYPICAL ANTIPSYCHOTIC AGENT
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# BRAND NAME SEDATIVE HYPNOTICS

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**Products Affected**

- ROZEREM TABLET 8 MG ORAL

**Details**

<b>Criteria</b>	USE OF A FIRST LINE GENERIC SEDATIVE HYPNOTIC AGENT
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# LEVETIRACETAM

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## 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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# OPHTHALMIC BETA BLOCKERS

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## 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

<b>Criteria</b>	FIRST-LINE USE OF GENERIC TIMOLOL MALEATE 0.25% OR 0.5% EYE DROPS
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# ULORIC

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## Products Affected

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

## Details

Criteria	FIRST LINE USE OF ALLOPURINOL
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