



2027 STEP THERAPY CRITERIA

MMM Estela, MMM Elite, PMC Max, MMM Plenitud, MMM Supremo, MMM Deluxe, MMM Balance, MMM Valioso, MMM Grandioso, MMM Mega Flex, MMM Diamante Platino, MMM Combo Platino, MMM Dorado Platino, MMM Relax Platino, PMC Premier Platino, MMM Preciso Platino, MMM ELA Relax, MMM ELA Cash, MMM Alianza Relax, MMM Alianza Valor, MMM Alianza Más, MMM Alianza Siempre, MMM Alianza Somos, MMM Alianza Dorado, MMM Alianza Íntegra, MMM Alianza Serena, MMM Alianza Acompaña

ST Criteria (27353)

MSO-PHA-ORG-1381-100526-E

Updated: October 2026

ANTIDEPRESSANTS-SNRI

Affected Drugs:

Fetzima Oral Capsule ER 20 MG, 40 MG, 80 MG, 120 MG
Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral
Trintellix Oral Tablet 5 MG, 10 MG, 20 MG

Step Therapy Criteria:

If the member has tried at least TWO Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: generic antidepressants – SNRI/SSRI

Step 2 Drug: brand antidepressants – SNRI

Number of days for claims review for select or first line drugs: 180 days.

The member must have tried a 30 day supply or more of at least TWO Step-1 drugs. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization of Step 2 drugs will be granted if member had inadequate response, adverse effects, or present contraindications to two Step 1 drugs.

This step therapy program applies to new starts only.

ATYPICAL ANTIPSYCHOTICS

Affected Drugs:

Abilify Asimtufii Prefilled Syringe Intramuscular 720 MG/2.4ML, 960 MG/3.2ML
Abilify Maintena Prefilled Syringe Intramuscular 300 MG, 400 MG,
Abilify Maintena Suspension Reconstituted ER Intramuscular 300 MG, 400 MG
Aristada Initio Prefilled Syringe Intramuscular 675 MG/2.4ML
Aristada Prefilled Syringe Intramuscular 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML, 1064 MG/3.9ML
Caplyta Oral Capsule 10.5 MG, 21 MG, 42 MG
Cobenfy Oral Capsule 50-20 MG, 100-20 MG, 125-30 MG
Cobenfy Starter Pack Capsule Oral Therapy Pack 50-20 & 100-20 MG
Fanapt Oral Tablet 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG
Fanapt Titration Pack A Oral Tablet 1 & 2 & 4 & 6 MG
Fanapt Titration Pack B Oral Tablet 1 & 2 & 6 & 8 MG
Fanapt Titration Pack C Oral Tablet 1 & 2 & 6 MG
Invega Hafyera Suspension Intramuscular Prefilled Syringe 1092 MG/3.5ML, 1560 MG/5ML
Invega Sustenna Suspension Intramuscular Prefilled Syringe 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML
Invega Trinza Suspension Intramuscular Prefilled Syringe 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML
Lybalvi Oral Tablet 5-10 MG, 10-10 MG, 15-10 MG, 20-10 MG
Opipza Oral Film 2 MG, 5 MG, 10 MG
Rexulti Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG
Saphris Tablet Sublingual 2.5 MG, 5 MG, 10 MG
Secuado Transdermal Patch 24 Hour 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR
Versacloz Oral Suspension 50 MG/ML
Vraylar Oral Capsule 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG

Pending CMS review.

AUVELITY

Affected Drugs:

Auvelity Oral Tablet Extended Release 45-105 MG

Step Therapy Criteria:

If the member has tried a Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: bupropion, citalopram, escitalopram, fluoxetine, sertraline, venlafaxine, olanzapine.

Step 2 Drug: Auvelity

Number of days for claims review for select or first line drugs: 180 days.

The member must have tried the Step 1 medication for at least 90 accumulated days. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization for Auvelity will be given if the patient has a documented history of bupropion contraindication, adverse drug reaction (ADR) or intolerance. Authorization will be granted for the treatment of agitation associated with dementia due to Alzheimer's disease.

This step therapy program applies to new starts only.

BELSOMRA

Affected Drugs:

Belsomra Oral Tablet 5 MG, 10 MG, 15 MG, 20 MG

Step Therapy Criteria:

If the member has tried at least TWO Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: generic hypnotic

Step 2 Drug: Belsomra.

Number of days for claims review for select or first line drugs: 180 days.

The member must have tried a 30 day supply or more of at least TWO Step-1 drugs. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization of Step 2 drugs will be granted if member had inadequate response, adverse effects, or present contraindications to TWO Step 1 drugs. This step therapy program applies to new starts only.

DIFICID

Affected Drug:

Fidaxomicin Oral Tablet 200 MG
Difcid Oral Suspension Reconstituted 40 MG/ML

Step Therapy Criteria:

If the member has tried a Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: generic vancomycin (oral)

Step 2 Drugs: Difcid (fidaxomicin)

Number of days for claims review for first line drugs: 180 days.

The member must have tried at least 1 day supply of a Step 1 drugs.

EXXUA

Affected Drugs:

Exxua Oral Tablet Extended Release 24 Hour 18.2 MG
Exxua Oral Tablet Extended Release 24 Hour 36.3 MG
Exxua Oral Tablet Extended Release 24 Hour 54.5 MG
Exxua Oral Tablet Extended Release 24 Hour 72.6 MG
Exxua Titration Pack Oral Tablet Extended Release 24 Hour 18.2 MG

Step Therapy Criteria:

If the member has tried at least TWO Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, desvenlafaxine, duloxetine, Fetzima and Trintellix.

Step 2 Drug: Exxua (gepirone)

Number of days for claims review for select or first line drugs: 180 days.

The member must have tried a 30 day supply or more of at least TWO Step-1 drugs. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization of Step 2 drugs will be granted if member had inadequate response, adverse effects, or present contraindications to two Step 1 drugs.

This step therapy program applies to new starts only.

NURTEC/UBRELVY

Affected Drug:

Nurtec Oral Tablet Dispersible 75 MG

Ubrelvy Oral Tablet 50 MG, 100 MG

Step Therapy Criteria:

If the member has tried at least ONE Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: generic triptan 5-HT₁ receptor agonist.

Step 2 Drugs: Nurtec or Ubrelvy

Number of days for claims review for first line drugs: 180 days.

The member must have tried a 30 day supply or more of at least ONE Step-1 drugs. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization of Step 2 drugs will be granted if member had inadequate response, adverse effects, or present contraindications to ONE Step 1 drugs. This step therapy program applies to new starts only.

OVERACTIVE BLADDER

Affected Drug:

Myrbetriq Oral Tablet Extended Release 24 Hour 25 MG, 50 MG

Step Therapy Criteria:

If the member has tried at least ONE Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: tolterodine, oxybutynin, trospium or solifenacin.

Step 2 Drugs: Myrbetriq

Number of days for claims review for first line drugs: 180 days.

The member must have tried the Step 1 medication for at least 90 accumulated days. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. This step therapy criteria does not apply to pediatric population with neurogenic detrusor overactivity.

This step therapy program applies to new starts only.

PAROXETINE (HRM)

Affected Drug:

PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG

PARoxetine HCl Oral Suspension 10 MG/5ML

PARoxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG

Step Therapy Criteria:

If the member has tried at least ONE Step 1 drug, then Step 2 drug will be covered.

Step 1 Drug: sertraline, desvenlafaxine, escitalopram, bupropion, mirtazapine, venlafaxine or duloxetine.

Step 2 Drugs: paroxetine

Number of days for claims review for select or first line drugs: 180 days.

The member must have tried a 30 day supply or more of at least ONE Step-1 drugs. Members without Prior History of medication in claims, MD shall provide documentation of medical record or pharmacy claims processing thru another benefit to comply with previous utilization. Authorization of Step 2 drugs will be granted if member had inadequate response, adverse effects, or present contraindications to ONE Step 1 drugs. This step therapy program applies to new starts only.

REPATHA

Affected Drug:

Repatha Solution Prefilled Syringe 140 MG/ML Subcutaneous
Repatha SureClick Solution Auto-Injector 140 MG/ML Subcutaneous

Pending CMS review.

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