2026 STEP THERAPY CRITERIA

MMM Único, 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 Flexi Platino, MMM ELA Relax, MMM ELA Cash, MMM AEE, MMM Alianza Relax, MMM Alianza Valor, MMM Alianza Más, MMM Alianza Siempre, MMM Alianza Somos, MMM Avance Flex, MMM Pleno Flex, MMM Máximo Flex, MMM Claro, MMM Supremacy I, MMM Supremacy II, MMM Supremacy III, MMM Wells Fargo & Company Flex.

ST Criteria (26393)

MSO-PHA-ORG-1360-082026-E

Updated: August 2026

PO BOX 71114 SAN JUAN, P.R. 00936-8015

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.

History of effective date: 180 days prior to effective date.

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.

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

Step 2 Drug: Auvelity

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

History of effective date: 180 days prior to effective date.

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: A) generic zaleplon, zolpidem, estazolam, ramelteon, tasimelteon, doxepin, or temazepam.

Step 2 Drug: Belsomra.

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

History of effective date: 180 days prior to effective date.

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
Dificid 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: Dificid (fidaxomicin)

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

History of effective date: 180 days prior to effective date.

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.

History of effective date: 180 days prior to effective date.

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.

OVERACTIVE BLADDER

Affected Drug:

Mirabegron ER Oral Tab 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: mirabegron

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

History of effective date: 180 days prior to effective date.

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.

REPATHA

Affected Drug:

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

Step Therapy Criteria:

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

Step 1 Drug: generic statins

Step 2 Drugs: Repatha

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

History of effective date: 180 days prior to effective date.

The member must have tried the Step 1 medication for at least 90 accumulated days 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 for Repatha will be given if the patient has a documented history of statins contraindication, ADR or intolerance.

This step therapy program applies to new starts only.

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