Step Therapy Criteria

**ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS LEON 2019**

### Products Affected

- Desvenlafaxine Er
- Fetzima
- Fetzima Titration Pack
- Khedezla
- Paxil SUSP
- Pristiq
- Trintellix
- Viibryd
- Viibryd Starter Pack

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step-1 Drugs: bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: desvenlafaxine er, Fetzima, Khedezla, Paxil Suspension, Pristiq, Trintellix and Viibryd. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.</th>
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ANTIGOUT AGENTS 2019

Products Affected

- Febuxostat
- Uloric

Details

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<td>Step-1 Drug: allopurinol. Step-2 Drug: Uloric. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.</td>
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### Beta-Adrenergic Blocking Agents 2019

**Products Affected**

- Carvedilol Phosphate

**Details**

| Criteria | Step-1 Drug: carvedilol tabs. Step-2 Drug: carvedilol ER caps. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. |
FIBRINIC ACID DERIVATIVES 2019

Products Affected

- Antara CAPS 30MG, 90MG
- Fenofibrate TABS 120MG, 40MG

Details

| Criteria | Step-1 Drugs: fenofibrate 43mg, 48mg, 50mg, 54mg, 67mg, 130mg, 134mg, 145mg, 150mg, 160mg, 200mg and fenofibrinic acid 35mg, 45mg, 105mg, 135mg and gemfibrozil. Step-2 Drugs: Antara, fenofibrate 40mg and 120mg. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. |
INJECTABLE DIABETIC COMBINATIONS 2019

Products Affected

- Soliqua 100/33
- Xultophy 100/3.6

Details

| Criteria | Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drugs: Soliqua and Xultophy. The member must have tried a 30 day supply or more of any one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. |


METABOLIC BONE DISEASE AGENTS 2019

Products Affected

- Binosto
- Fosamax Plus D
- Risedronate Sodium
- Risedronate Sodium Dr

Details

| Criteria | Step-1 Drugs: alendronate sodium tablets and solution, and ibandronate sodium tablets. Step-2 Drugs: Binosto, Fosamax Plus D and risedronate sodium tablets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Paget's Disease, osteoporosis in men, or glucocorticoid-induced osteoporosis, in which case the member would only need to try a 30 day supply of alendronate within the previous 180 days before risedronate would be covered. |

OPHTHALMIC ANTIGLAUCOMA AGENTS 2019

Products Affected

- Azopt

Details

| Criteria | Step-1 Drugs: dorzolamide. Step-2 Drug: Azopt (brinzolamide). The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. |
OPHTHALMIC ANTIHISTAMINES 2019

Products Affected

- Azelastine Hcl OPHTHALMIC SOLN 0.05%
- Emadine
- Epinastine Hcl
- Pazeo

Details

| Criteria | Step-1 Drugs: ketotifen fumarate OTC, olopatadine 0.1%, and olopatadine 0.2%. Step-2 Drugs: azelastine, epinastine, and Pazeo (olopatadine 0.7%). The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 90 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. |
# Proton Pump Inhibitors 2019

## Products Affected

- Aciphex Sprinkle
- Dexilant
- Omeprazole/sodium Bicarbonate PACK
- Protonix PACK

## Details

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<tr>
<td>Step-1 Drugs: esomeprazole magnesium, lansoprazole, Rx omeprazole, pantoprazole and rabeprazole. Step-2 Drugs: Dexilant, Protonix Granules (pantoprazole), and Omeprazole/Sodium Bicarbonate packets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the indication is risk reduction of upper GI bleed in the critically ill, in which case step therapy for omeprazole/sodium bicarbonate 40mg/1680mg packets does not apply.</td>
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TOPICAL ANTIFUNGAL DRUGS 2019

Products Affected

- Ciclopirox GEL
- Ciclopirox SHAM
- Ertaczo
- Luliconazole
- Luzu
- Naftifine Hcl
- Naftifine Hydrochloride CREA
- Oxiconazole Nitrate
- Oxistat LOTN

Details

| Criteria | Step-1 Drugs: ciclopirox 0.77% topical suspension, ciclopirox 0.77% cream, ciclopirox 8% solution, clotrimazole OTC, ketoconazole 2% cream, ketoconazole 2% shampoo and miconazole OTC. Step-2 Drugs: ciclopirox 0.77% gel, ciclopirox 1% shampoo, Ertaczo, Luzu 1% cream, luliconazole 1% cream, naftifine 1% cream, naftifine 2% cream, oxiconazole nitrate 1% cream and Oxistat 1% lotion. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. |

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TOPICAL ANTI-INFLAMMATORIES 2019

Products Affected

- Desoximetasone CREA
- Desoximetasone GEL
- Desoximetasone OINT

Details

| Criteria | Step-1 Drugs: fluocinonide (ointment, gel, cream), fluocinonide-E cream, mometasone (cream, ointment), triamcinolone (cream, lotion, ointment) and Triderm cream. Step-2 Drug: desoximetasone (cream, gel, ointment). The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. |
# XHANCE 2019

## Products Affected

- Xhance

## Details

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<td>Step-1 Drugs: fluticasone propionate nasal spray. Step-2 Drugs: Xhance. The member must have tried a 30 day supply or more of one Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.</td>
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