

## **AGGRENOX**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ASPIRIN-DIPYRIDAMOLE ER

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): clopidogrel. Step 2 Drug(s): Aggrenox (aspirin/extended-release dipyridamole). Applies to New Starts Only.

## ALBUTEROL HFA

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LEVALBUTEROL TARTRATE, PROAIR DIGIHALER, VENTOLIN HFA, XOPENEX HFA

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): ProAir HFA, ProAir Respiclick, Proventil HFA, albuterol HFA. Step 2 Drug(s): Xopenex HFA (levalbuterol hfa), Ventolin HFA, ProAir Digihaler (albuterol).

## ANTARA

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ANTARA

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): gemfibrozil, fenofibrate, fenofibrate acid, fenofibrate micronized. Step 2 Drug(s): Antara (fenofibrate micronized).

## **APTIOM**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

APTIOM

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, Topiramate IR/XR, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.

## ARICEPT 23MG-A

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ARICEPT 23 MG TAB, DONEPEZIL HCL 23 MG TAB

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): donepezil, donepezil disintegrating tablet. Step 2 Drug(s): Aricept 23mg (donepezil 23mg). New starts Only.

## CYCLOSET

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CYCLOSET

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)

## DEXILANT

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DEXILANT

### **CRITERIA**

If the patient has tried ONE Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Dexilant (dexlansoprazole). New Starts

## GLUMETZA ER

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

GLUMETZA

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): metformin ER. Step 2 Drug(s): Brand Glumetza ER



## **INNOPRAN XL**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INNOPRAN XL

### **CRITERIA**

If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): acebutolol, atenolol, betaxolol, bisoprolol, Bystolic, metoprolol tartrate, metoprolol succinate ER, nadolol, pindolol, propranolol/ER, timolol. Step 2 Drug(s): Innopran XL. NEW Starts

## LUNESTA

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LUNESTA

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): eszopiclone. Step 2 Drug(s): Brand Lunesta.

## LUZU

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LULICONAZOLE, LUZU

### **CRITERIA**

If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Ciclopirox cream/suspension/gel/shampoo, Clotrimazole cream/solution, Ketoconazole cream/shampoo, Ciclodan cream, Loprox 0.77 cream/suspension, Nystatin cream/ointment/powder. Step 2 Drug(s): Luzu (Iuliconazole).

## MELOXICAM LINE

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

MELOXICAM 10 MG CAP, MELOXICAM 5 MG CAP, VIVLODEX

### **CRITERIA**

If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): Celecoxib, Diclofenac Potassium, Diclofenac Sodium IR/ER, Diclofenac-Misoprost,

Diflunisal, Etodolac IR/ER, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin,

Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam,

Nabumetone, Naproxen Sodium, Naproxen, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium.

Step 2 Drug(s): Vivlodex (meloxicam), Qmiiz ODT (meloxicam).

## MSB AZOR

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

AZOR

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine-Olmesartan. Step 2 Drug(s): Brand Azor. NEW Starts

## **MSB BENICAR LINE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BENICAR, BENICAR HCT

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Olmesartan Medoxomil, Olmesartan Medoxomil HCTZ. Step 2 Drug(s): Brand Benicar/Benicar HCT. NEW Starts

## **MSB CRESTOR**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CRESTOR

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Rosuvastatin. Step 2 Drug(s): Brand Crestor. NEW Starts

## MSB LIPITOR

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LIPITOR

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): Atorvastatin. Step 2 Drug(s): Brand Lipitor. NEW Starts



## **MSB PARKINSON**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LODOSYN, MIRAPEX ER, SINEMET

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): carbidopa, carbidopa/levodopa IR/ER, pramipexole IR/ER, ropinirole IR/ER. Step 2

Drug(s): Lodosyn, Mirapex ER, Requip XL, Sinemet.

## **MSB TRIBENZOR**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TRIBENZOR

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Olmesartan Amlodipine HCTZ. Step 2 Drug(s): Brand Tribenzor. NEW Starts

## **MSB WELLBUTRIN XL/SR**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

WELLBUTRIN SR, WELLBUTRIN XL

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): Bupropion. Step 2 Drug(s): Brand Wellbutrin/Budeprion XL/SR NEW Starts

## **NAPRELAN ER**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

NAPRELAN, NAPROXEN SODIUM ER 375 MG TAB ER 24H, NAPROXEN SODIUM ER 500 MG TAB ER 24H

### **CRITERIA**

If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Celecoxib, Diclofenac Potassium, Diclofenac Sodium IR/ER, Diclofenac-Misoprost, Diflunisal, Etodolac IR/ER, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen Sodium (non ER), Naproxen, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Naprelan ER (naproxen sodium).

**NASAL STEROID - H**

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**MEDICATION(S) SUBJECT TO STEP THERAPY**

BECONASE AQ, NASONEX, OMNARIS, QNASL, QNASL CHILDRENS, XHANCE, ZETONNA

**CRITERIA**

If the patient has tried TWO step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 drugs: mometasone furoate nasal spray, fluticasone propionate nasal spray or flunisolide nasal spray. Step 2 drugs: Beconase AQ (beclomethasone dipropionate monohydrate), Nasonex, Omnaris (ciclesonide), Qnasl (beclomethasone dipropionate), Zetonna (ciclesonide), or Xhance (fluticasone) may be authorized. For diagnosis Vasomotor Rhinitis, Beconase AQ may be authorized after trial of fluticasone propionate. For diagnosis of nasal polyps, Beconase AQ (beclomethasone), Xhance (fluticasone) and Brand Nasonex may be authorized after trial of Mometasone furoate nasal spray.

## NEXIUM

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ESOMEPRAZOLE MAGNESIUM 10 MG PACKET, ESOMEPRAZOLE MAGNESIUM 20 MG CAP DR, ESOMEPRAZOLE MAGNESIUM 20 MG PACKET, ESOMEPRAZOLE MAGNESIUM 40 MG CAP DR, ESOMEPRAZOLE MAGNESIUM 40 MG PACKET, NEXIUM

### **CRITERIA**

If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Nexium (esomeprazole mag DR), esomeprazole. New Starts

## **NP BISPHOSPHONATES - G**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ACTONEL 150 MG TAB, ACTONEL 35 MG TAB, BONIVA 150 MG TAB, FOSAMAX, FOSAMAX PLUS D, RISEDRONATE SODIUM

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Actonel, Boniva tablets, Fosamax plus D, Fosamax 70mg, Risedronate.

## **NP FAST ACTING INSULIN**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN, NOVOLIN 70/30 FLEXPEN RELION, NOVOLIN 70/30 RELION, NOVOLIN N, NOVOLIN N FLEXPEN, NOVOLIN N FLEXPEN RELION, NOVOLIN N RELION, NOVOLIN R, NOVOLIN R FLEXPEN, NOVOLIN R FLEXPEN RELION, NOVOLIN R RELION

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Humulin N, R, 70 30, R 500 (pen/vial/cartridge). Step 2 Drug(s): Novolin N, R, 70 30 (pen/vial/cartridge). New starts Only.



## NP LAMA LABA

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BEVESPI AEROSPHERE

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): ANORO Ellipta (umeclidinium-vilanterol) or Stiolto Respimat (tiotropium/olodaterol) Step

2 Drug(s): Bevespi Aerosphere (glycopyrrolate-formoterol fumarate).

## NP LONG ACTING INSULIN

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BASAGLAR KWIKPEN, TRESIBA, TRESIBA FLEXTOUCH

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lantus (Insulin Glargine), Levemir (Insulin Detemir), Toujeo (Insulin Glargine). Step 2 Drug(s): Basaglar (Insulin Glargine), Tresiba (insulin degludec). New starts Only.

## NP OAB - G

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DETROL, DETROL LA, DITROPAN XL, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS

### **CRITERIA**

If the patient has tried Toviaz/Myrbetriq and one of the following: darifenacin ER, oxybutynin, oxybutynin solution, oxybutynin ER, tolterodine IR/ER, solifenacin, OR trospium IR/ER. Then Detrol/Detrol LA, Ditropan XL, Enablex, Gelnique (oxybutynin), Gemtesa, Oxytrol, Vesicare will be covered.

## NP PHOSPHATE BINDER - I

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FOSRENOL 1000 MG CHEW TAB, FOSRENOL 500 MG CHEW TAB, FOSRENOL 750 MG CHEW TAB, LANTHANUM CARBONATE, PHOSLYRA, RENAGEL, SEVELAMER HCL, VELPHORO

### **CRITERIA**

If the patient has tried calcium acetate AND Renvela (sevelamer carbonate). Then Fosrenol (lanthanum carbonate), Phoslyra, Renagel (sevelamer hcl), Velphoro (sucroferric oxyhydroxide) will be covered.

## **NP RAPID INSULIN - B**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ADMELOG, ADMELOG SOLOSTAR, APIDRA, APIDRA SOLOSTAR, FIASP, FIASP FLEXTOUCH, FIASP PENFILL, INSULIN ASP PROT & ASP FLEXPEN, INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL, INSULIN ASPART PROT & ASPART, NOVOLOG, NOVOLOG 70/30 FLEXPEN RELION, NOVOLOG FLEXPEN, NOVOLOG FLEXPEN RELION, NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 FLEXPEN, NOVOLOG MIX 70/30 RELION, NOVOLOG PENFILL, NOVOLOG RELION

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Humalog, Insulin Lispro, Humalog Mix, Insulin Lispro/insulin lispro protamine, Lyumjev (insulin lispro-aabc). Step 2 Drug(s): Admelog, Apidra (Insulin Glulisine), Fiasp (Insulin Aspart), Novolog, Insulin Aspart, Novolog Mix, Insulin Aspart/insulin aspart protamine. New starts Only.

## NP TOPICAL STEROIDS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BRYHALI, HALOBETASOL PROPIONATE 0.05 % FOAM, LEXETTE

### **CRITERIA**

If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): clobetasol propionate sol, Clobex (clobetasol propionate) lotion/spray, Olux (clobetasol propionate) lotion/foam, Olux-E (clobetasol propionate) foam, Temovate (clobetasol propionate) cream, Ultravate (halobetasol propionate) lotion. Step 2 Drug(s): Bryhali (halobetasol lotion), LEXETTE (halobetasol foam).

## **PENNSAID 2%**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PENNSAID

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): diclofenac 1.5% sol, diclofenac 1% gel. Step 2 Drug(s): Pennsaid (diclofenac sod)

Topical Solution

## **PERT AGENTS - D**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PANCREAZE, PERTZYE

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Creon or Zenpep. Step 2 Drug(s): Pancreaze, Pertzye. New Starts Only



## **RYTARY**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RYTARY

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): carbidopa, carbidopa/levodopa IR/ER. Step 2 Drug(s): Rytary (carbidopa/levodopa).

## **SYMPROIC**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

SYMPROIC

### **CRITERIA**

If the patient has tried a Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Movantik (naloxegol). Step 2 Drug(s): Symproic (naldemedine).

## ULORIC

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FEBUXOSTAT, ULORIC

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Uloric (febuxostat). Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.

## VALTREX

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

VALTREX

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1

Drug(s): valacyclovir. Step 2 Drug(s): Valtrex

## **VIIBRYD**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

VIIBRYD, VIIBRYD STARTER PACK

### **CRITERIA**

If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug will be covered.

Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd (vilazodone), Viibryd Titration Pack(vilazodone). Applies to New Starts Only.