

ADLARITY

MEDICATION(S) SUBJECT TO STEP THERAPY

ADLARITY

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): Adlarity (donepezil).

AGGRENOX - B

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): aspirin/extended-release dipyridamole. Applies to New Starts Only.

ALBUTEROL HFA

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 will be covered. 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

MEDICATION(S) SUBJECT TO STEP THERAPY

ANTARA, FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP

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

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

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT, DEXLANSOPRAZOLE

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

EDARBI

MEDICATION(S) SUBJECT TO STEP THERAPY

EDARBI

CRITERIA

If the patient has tried a Step 1 drugs, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Candesartan Cilexetil, Irbesartan, Losartan Potassium, Olmesartan Medoxomil, Telmisartan, Valsartan. Step 2 Drug: Edarbi (azilsartan medoxomil). Applies to New Starts

GLUMETZA ER

MEDICATION(S) SUBJECT TO STEP THERAPY

GLUMETZA

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

INNOPRAN XL

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 will be covered.

Step 1 Drug(s): acebutolol, atenolol, betaxolol, bisoprolol, metoprolol tartrate, metoprolol succinate ER, nadolol, nebivolol, pindolol, propranolol/ER, timolol. Step 2 Drug(s): Innopran XL. NEW Starts

LUNESTA

MEDICATION(S) SUBJECT TO STEP THERAPY

LUNESTA

CRITERIA

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

LUZU

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 will be covered.

Step 1 Drug(s): Ciclopirox cream/suspension/gel/shampoo, Clotrimazole cream/solution, Ketoconazole foam/cream/shampoo, Loprox 0.77 cream/suspension, Nystatin cream/ointment/powder. Step 2 Drug(s): Luzu (luliconazole).

MELOXICAM LINE

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 will be covered. 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. Step 2 Drug(s): Vivlodex (meloxicam).

MSB AZOR

MEDICATION(S) SUBJECT TO STEP THERAPY

AZOR

CRITERIA

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

MSB BENICAR LINE

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 will be covered. Step 1 Drug(s): Olmesartan Medoxomil, Olmesartan Medoxomil HCTZ. Step 2 Drug(s): Brand Benicar/Benicar HCT. NEW Starts

MSB CRESTOR

MEDICATION(S) SUBJECT TO STEP THERAPY

CRESTOR

CRITERIA

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

MSB LIPITOR

MEDICATION(S) SUBJECT TO STEP THERAPY

LIPITOR

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Atorvastatin. Step 2 Drug(s): Brand Lipitor. NEW Starts

MSB PARKINSON

MEDICATION(S) SUBJECT TO STEP THERAPY

LODOSYN, MIRAPEX ER, SINEMET 10-100 MG TAB, SINEMET 25-100 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): carbidopa, carbidopa/levodopa IR/ER, pramipexole IR/ER, ropinirole IR/ER. Step 2

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

MSB TRIBENZOR

MEDICATION(S) SUBJECT TO STEP THERAPY

TRIBENZOR

CRITERIA

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

MSB WELLBUTRIN XL/SR

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 will be covered. Step 1 Drug(s): Bupropion. Step 2 Drug(s): Brand Wellbutrin/Budeprion XL/SR NEW Starts

NAPRELAN ER

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 will be covered.

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. Step 2 Drug(s): Naprelan ER (naproxen sodium).

NASAL STEROID - H

MEDICATION(S) SUBJECT TO STEP THERAPY

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

CRITERIA

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

Step 1 drugs: mometasone furoate nasal spray, fluticasone propionate nasal spray or flunisolide nasal spray. Step 2 drugs: Beconase AQ (beclomethasone dipropionate monohydrate), Omnaris (ciclesonide), Qnasl (beclomethasone dipropionate), Zetonna (ciclesonide), or Xhance (fluticasone) will be covered. For diagnosis Vasomotor Rhinitis, Beconase AQ will be covered after trial of fluticasone propionate. For diagnosis of nasal polyps, Beconase AQ (beclomethasone), Xhance (fluticasone) will be covered after trial of Mometasone furoate nasal spray.

NEXIUM

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

MEDICATION(S) SUBJECT TO STEP THERAPY

ACTONEL, 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

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

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 will be covered. 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

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 will be covered. 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

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, Gelnique (oxybutynin), Gemtesa, Oxytrol, Vesicare will be covered.

NP PHOSPHATE BINDER - I

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

CRITERIA

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

NP RAPID INSULIN - B

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

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 will be covered. Step 1 Drug(s): clobetasol sol, Clobex (clobetasol propionate) lotion/spray, Olux (clobetasol propionate) foam, Olux-E/Tovet (clobetasol propionate) foam, Temovate (clobetasol propionate) cream, Ultravate (halobetasol propionate) lotion. Step 2 Drug(s): Bryhali (halobetasol lotion), LEXETTE (halobetasol foam).

PERT AGENTS - D

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

SYMPROIC

CRITERIA

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

ULORIC

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

MEDICATION(S) SUBJECT TO STEP THERAPY

VALTREX

CRITERIA

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

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

VIIBRYD

MEDICATION(S) SUBJECT TO STEP THERAPY

VIIBRYD, VIIBRYD STARTER PACK, VILAZODONE HCL

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.