

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ANTIEMETICS

SANCUSO

You are required to have previous therapy with oral ondansetron before we will cover granisetron transdermal (Sancuso).

Step Therapy Group

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

RISEDRONATE SODIUM, RISEDRONATE SODIUM DR

You are required to have previous therapy with a generic oral bisphosphonate (e.g. alendronate or ibandronate) before we will cover risedronate (generic for Actonel or Atelvia).

Step Therapy Group

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CLONAZEPAM ODT

CLONAZEPAM ODT

You are required to have previous therapy with clonazepam before we will cover clonazepam ODT.

Step Therapy Group

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CLOZAPINE ODT

CLOZAPINE ODT

You are required to have previous therapy with clozapine tablets before we will cover clozapine ODT (Fazaclo).

Step Therapy Group

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DESVENLAFAXINE

DESVENLAFAXINE ER

You are required to have previous therapy with venlafaxine (IR or ER) AND 1 selective serotonin reuptake inhibitor (SSRI) such as sertraline or paroxetine before we will cover desvenlafaxine ER.

Step Therapy Group

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FEBUXOSTAT

FEBUXOSTAT

You are required to have previous therapy with allopurinol before we will cover febuxostat (Uloric).

Step Therapy Group

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FIDAXOMICIN

DIFICID

You are required to have previous therapy with oral or intravenous vancomycin or oral metronidazole before we will cover fidaxomicin (Difcid).

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FLUOXETINE TABLET

FLUOXETINE HYDROCHLORIDE

You are required to have previous therapy with fluoxetine capsule before we will cover fluoxetine tablet.

Step Therapy Group	ICOSAPENT ETHYL
Drug Names	VASCEPA
Step Therapy Criteria	You are required to have previous therapy with omega-3-acid ethyl esters before we will cover Vascepa.
Step Therapy Group	OPHTHALMIC PROSTAGLANDINS
Drug Names	BIMATOPROST, TRAVOPROST, ZIOPTAN
Step Therapy Criteria	Pending CMS Review
Step Therapy Group	PROTON PUMP INHIBITORS
Drug Names	DEXILANT
Step Therapy Criteria	You are required to have previous therapy with prescription omeprazole, lansoprazole, or pantoprazole before we will cover dexlansoprazole (Dexilant).
Step Therapy Group	SYMLIN
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	You are required to have previous therapy with insulin before we will cover Symlin.
Step Therapy Group	TEKTURNA
Drug Names	ALISKIREN, TEKTURNA HCT
Step Therapy Criteria	You are required to have previous therapy with an angiotensin-converting enzyme (ACE) inhibitor (e.g. lisinopril), or an ACE inhibitor combination product (e.g. lisinopril-HCTZ), or an angiotensin II Receptor Blocker (ARB)(e.g. Losartan), or an ARB combination product (e.g. Losartan-HCT) before we will cover aliskiren or Tekturna HCT.