Step Therapy Criteria

Step Therapy GroupALPRAZOLAM ERDrug NamesALPRAZOLAM ER

Step Therapy CriteriaYou are required to have previous therapy with alprazolam immediate-release before

we will cover alprazolam extended-release.

Step Therapy GroupASPIRIN-DIPYRIDAMOLEDrug NamesASPIRIN/DIPYRIDAMOLE ER

Step Therapy Criteria You are required to have previous therapy with clopidogrel before we will cover

aspirin-dipyridamole.

Step Therapy Group BISPHOSPHONATES

Drug Names RISEDRONATE SODIUM, RISEDRONATE SODIUM DR

Step Therapy Criteria You are required to have previous therapy with alendronate or ibandronate before we

will cover risedronate.

Step Therapy GroupCALCIPOTRIENEDrug NamesCALCIPOTRIENE

Step Therapy Criteria You are required to have previous therapy with betamethasone or triamcinolone before

we will cover calcipotriene.

Step Therapy GroupCLONAZEPAM ODTDrug NamesCLONAZEPAM ODT

Step Therapy Criteria You are required to have previous therapy with clonazepam before we will cover

clonazepam ODT.

Step Therapy GroupCLOZAPINE ODTDrug NamesCLOZAPINE ODT

Step Therapy Criteria You are required to have previous therapy with clozapine tablets before we will cover

clozapine ODT.

Step Therapy GroupDESVENLAFAXINEDrug NamesDESVENLAFAXINE ER

Step Therapy Criteria You are required to have previous therapy with venlafaxine (IR or ER) AND 1 selective

serotonin reuptake inhibitor (SSRI) such as sertraline or citalopram before we will cover

desvenlafaxine ER.

Step Therapy Group DRIZALMA

Drug Names DRIZALMA SPRINKLE

Step Therapy CriteriaYou are required to have previous therapy with generic duloxetine before we will cover

Drizalma.

Step Therapy GroupFEBUXOSTATDrug NamesFEBUXOSTAT

Step Therapy Criteria You are required to have previous therapy with allopurinol before we will cover

febuxostat.

Step Therapy GroupFIDAXOMICINDrug NamesDIFICID

Step Therapy CriteriaYou are required to have previous therapy with oral vancomycin or oral or intravenous

metronidazole before we will cover fidaxomicin (Dificid).

Step Therapy Group FLUOXETINE TABLET

Drug Names FLUOXETINE HYDROCHLORIDE

Step Therapy Criteria You are required to have previous therapy with fluoxetine capsule before we will cover

fluoxetine tablet.

Step Therapy GroupICOSAPENT ETHYLDrug NamesICOSAPENT ETHYL

Step Therapy CriteriaYou are required to have previous therapy with omega-3-acid ethyl esters before we

will cover icosapent ethyl.

Step Therapy Group LEVALBUTEROL

Drug Names LEVALBUTEROL, LEVALBUTEROL HCL, LEVALBUTEROL HYDROCHLORID,

LEVALBUTEROL TARTRATE HFA

Step Therapy Criteria You are required to have previous therapy with generic albuterol HFA or nebulization

solution before we will cover levalbuterol HFA or nebulization solution.

Step Therapy GroupLIVTENCITYDrug NamesLIVTENCITY

Step Therapy CriteriaYou are required to have previous therapy with valganciclovir before we will cover

maribavir (Livtencity).

Step Therapy Group METFORMIN SOLUTION

Drug Names METFORMIN HYDROCHLORIDE

Step Therapy CriteriaYou are required to have previous therapy with metformin tablet before we will cover

metformin solution.

Step Therapy Group MIGRAINE NASAL SPRAY

Drug Names DIHYDROERGOTAMINE MESYLAT, SUMATRIPTAN

Step Therapy Criteria You are required to have previous therapy with a generic oral triptan (e.g., sumatriptan

or rizatriptan) before we will cover dihydroergotamine or sumatriptan nasal spray.

Step Therapy Group NON-PREFERRED RAAS

Drug Names ALISKIREN, TELMISARTAN/HYDROCHLOROTH

Step Therapy CriteriaYou 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

telmisartan-HCTZ.

Step Therapy Group OPHTHALMIC ANTIHISTAMINES

Drug Names EPINASTINE HCL

Step Therapy Criteria You are required to have previous therapy with azelastine or cromolyn before we will

cover epinastine.

Step Therapy Group OPHTHALMIC BETA BLOCKERS

Drug Names BETIMOL, BETOPTIC-S

Step Therapy CriteriaYou are required to have previous therapy with generic ophthalmic timolol before we

will cover Betimol or Betoptic.

Step Therapy Group OPHTHALMIC PROSTAGLANDINS

Drug NamesBIMATOPROST, TRAVOPROST, VYZULTA

Step Therapy Criteria You are required to have previous therapy with latanoprost before we will cover

bimatoprost, travoprost, or latanoprostene bunod (Vyzulta).

Step Therapy Group RASAGILINE

Drug Names RASAGILINE MESYLATE

Step Therapy CriteriaYou are required to have previous therapy with selegiline capsule or tablet before we

will cover rasagiline.

Step Therapy GroupRHOPRESSADrug NamesRHOPRESSA

Step Therapy CriteriaYou are required to have previous therapy with latanoprost before we will cover

Rhopressa (netarsudil).

Step Therapy Group RIVASTIGMINE PATCH

Drug Names RIVASTIGMINE TRANSDERMAL

Step Therapy CriteriaYou are required to have previous therapy with rivastigmine capsule before we will

cover rivastigmine patch.

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 TOPICAL ANTIVIRALS

Drug Names ACYCLOVIR, PENCICLOVIR

Step Therapy CriteriaYou are required to have previous therapy with oral acyclovir before we will cover

penciclovir or acyclovir ointment.

Step Therapy GroupZALEPLONDrug NamesZALEPLON

Step Therapy Criteria You are required to have previous therapy with trazodone, ramelteon, or doxepin

(generic Silenor) before we will cover zaleplon.

Step Therapy GroupZONISADEDrug NamesZONISADE

Step Therapy Criteria You are required to have previous therapy with zonisamide capsule before we will

cover Zonisade.