

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ALPRAZOLAM ER

ALPRAZOLAM ER

You are required to have previous therapy with alprazolam immediate-release before we will cover alprazolam extended-release.

Step Therapy Group

Drug Names

Step Therapy Criteria

ASPIRIN-DIPYRIDAMOLE

ASPIRIN/DIPYRIDAMOLE ER

You are required to have previous therapy with clopidogrel before we will cover aspirin-dipyridamole.

Step Therapy Group

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

RISEDRONATE SODIUM, RISEDRONATE SODIUM DR

You are required to have previous therapy with alendronate or ibandronate before we will cover risedronate.

Step Therapy Group

Drug Names

Step Therapy Criteria

CALCIPOTRIENE

CALCIPOTRIENE

You are required to have previous therapy with betamethasone or triamcinolone before we will cover calcipotriene.

Step Therapy Group

Drug Names

Step Therapy Criteria

CLONAZEPAM ODT

CLONAZEPAM ODT

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

Step Therapy Group

Drug Names

Step Therapy Criteria

CLOZAPINE ODT

CLOZAPINE ODT

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

Step Therapy Group

Drug Names

Step Therapy Criteria

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 citalopram before we will cover desvenlafaxine ER.

Step Therapy Group

Drug Names

Step Therapy Criteria

DRIZALMA

DRIZALMA SPRINKLE

You are required to have previous therapy with generic duloxetine before we will cover Drizalma.

Step Therapy Group	FEBUXOSTAT
Drug Names	FEBUXOSTAT
Step Therapy Criteria	You are required to have previous therapy with allopurinol before we will cover febuxostat.
Step Therapy Group	FIDAXOMICIN
Drug Names	DIFICID
Step Therapy Criteria	You 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 Group	ICOSAPENT ETHYL
Drug Names	ICOSAPENT ETHYL
Step Therapy Criteria	You 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 Group	LIVTENCITY
Drug Names	LIVTENCITY
Step Therapy Criteria	You 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 Criteria	You 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 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 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 Criteria	You are required to have previous therapy with generic ophthalmic timolol before we will cover Betoptic.
Step Therapy Group	OPHTHALMIC PROSTAGLANDINS
Drug Names	BIMATOPROST, 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 Criteria	You are required to have previous therapy with selegiline capsule or tablet before we will cover rasagiline.
Step Therapy Group	RHOPRESSA
Drug Names	RHOPRESSA
Step Therapy Criteria	You 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 Criteria	You 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
Drug Names
Step Therapy Criteria

TOPICAL ANTIVIRALS
ACYCLOVIR, PENCICLOVIR
You are required to have previous therapy with oral acyclovir before we will cover penciclovir or acyclovir ointment.

Step Therapy Group
Drug Names
Step Therapy Criteria

ZALEPLON
ZALEPLON
You are required to have previous therapy with trazodone, ramelteon, or doxepin (generic Silenor) before we will cover zaleplon.

Step Therapy Group
Drug Names
Step Therapy Criteria

ZONISADE
ZONISADE
You are required to have previous therapy with zonisamide capsule before we will cover Zonisade.