

ALLERGIC RHINITIS-NASAL

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUNISOLIDE

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: triamcinolone OTC, fluticasone Rx, fluticasone OTC, Budesonide OTC. Prior to filling the Step 2 drug: flunisolide.

ALPHA REDUCTASE INHIBITOR

MEDICATION(S) SUBJECT TO STEP THERAPY

DUTASTERIDE

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: 5 Alpha Reductase Inhibitor (finasteride). Prior to filling the Step 2 drug: 5 Alpha Reductase Inhibitor (dutasteride).

AMANTADINE

MEDICATION(S) SUBJECT TO STEP THERAPY

OSMOLEX ER

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: amantadine. Prior to filling the Step 2 Drug: Osmolex ER.

BENZODIAZEPINE

MEDICATION(S) SUBJECT TO STEP THERAPY

ALPRAZOLAM

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY ONE OF THE FOLLOWING STEP 1 DRUGS: CLONAZEPAM TABLETS, CLONAZEPAM ODT, CLORAZEPATE TABLETS, LORAZEPAM TABLETS, LORAZEPAM ORAL CONC, OXAZEPAM CAPSULES. Prior to filling the Step 2 drugs: Alprazolam tablets

BETOPTIC S

MEDICATION(S) SUBJECT TO STEP THERAPY

BETOPTIC S

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY TWO OF THE FOLLOWING STEP 1 DRUGS: BETAXOLOL HCL 0.5%, CARTEOLOL HCL 1%, LEVOBUNOLOL 0.5%, TIMOLOL MALEATE 0.25%, TIMOLOL MALEATE 0.5%. PRIOR TO FILLING THE STEP 2 DRUG: BETOPTIC S 0.25%

BPH

MEDICATION(S) SUBJECT TO STEP THERAPY

ALFUZOSIN HCL ER

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: Alpha 1 Blockers (Terazosin, Prazosin, Doxazosin, tamsulosin). Prior to filling the Step 2 drug: Alfuzosin.

BRILINTA

MEDICATION(S) SUBJECT TO STEP THERAPY

BRILINTA

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: clopidogrel or prasugrel. Prior to filling the Step 2 Drug: Brilinta.

CARBIDOPA

MEDICATION(S) SUBJECT TO STEP THERAPY

CARBIDOPA

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: carbidopa-levodopa tabs, carbidopa-levodopa er tabs, carbidopa-levodopa odt. Prior to filling the Step 2 Drug: Carbidopa.

FLUTICASONE/UMECLIDIN/VILANTER

MEDICATION(S) SUBJECT TO STEP THERAPY

TRELEGY ELLIPTA 100-62.5-25

CRITERIA

Patient needs to have paid claims for one of the following Step 1 drugs: ANORO ELLIPTA, STIOLTO RESPIMAT. Prior to filling the Step 2 drug: TRELEGY ELLIPTA.

GLP-1 AGONISTS

MEDICATION(S) SUBJECT TO STEP THERAPY

TRULICITY, VICTOZA 2-PAK, VICTOZA 3-PAK

CRITERIA

Patient needs to have paid claims for any one metformin containing agents Step 1 drugs: metformin, metformin ER, glipizide/metformin, glyburide/metformin, canagliflozin/metformin, canagliflozin/metformin XR, empagliflozin/metformin, empagliflozin/metformin XR, sitagliptin/metformin, sitagliptin/metformin XR, alogliptin/metformin, saxagliptin/metformin XR. Prior to filling the Step 2 Drugs: Victoza, Trulicity

HYDROCORTISONE/PRAMOXINE

MEDICATION(S) SUBJECT TO STEP THERAPY

HYDROCORT-PRAMOXINE 1%-1% CRM

CRITERIA

Patient needs to have paid claims for ONE of the following Step 1 drugs: HYDROCORTISONE 1% CREAM, PROCTO-PAK 1% CREAM, OTC HYDROCORTISONE HC 1% CREAM, HYDROCORTISONE 2.5% CREAM, PROCTOZONE-HC 2.5% CREAM, PROCTOSOL-HC 2.5% CREAM, ANUSOL-HC 2.5% CREAM, PROCTO-MED HC 2.5% CREAM PRIOR TO FILLING THE STEP 2 DRUG: HYDROCORT-PRAMOXINE 1%-1% CRM.

INHALED CORTICOSTEROIDS

MEDICATION(S) SUBJECT TO STEP THERAPY

FLOVENT HFA

CRITERIA

Patient needs to have paid claims for the following Step 1 drug: QVAR REDIMALER, prior to filling the Step 2 drug: Flovent HFA

LAMOTRIGINE ODT, ER

MEDICATION(S) SUBJECT TO STEP THERAPY

LAMOTRIGINE ER, LAMOTRIGINE ODT

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY ONE OF THE FOLLOWING STEP 1 DRUGS: LAMOTRIGINE TABLETS, LAMOTRIGINE DISPERSIBLE TABLETS. PRIOR TO FILLING THE STEP 2 DRUG: LAMOTRIGINE ER/LAMOTRIGINE ODT

LIOTHYRONINE

MEDICATION(S) SUBJECT TO STEP THERAPY

LIOTHYRONINE SOD 25 MCG TAB, LIOTHYRONINE SOD 5 MCG TAB, LIOTHYRONINE SOD 50 MCG TAB

CRITERIA

Patient needs to have paid claims for any one the following step 1 drugs: levothyroxine, Synthroid, Levoxyl, Unithroid. Prior to filling the Step 2 drug: liothyronine.

MESALAMINE

MEDICATION(S) SUBJECT TO STEP THERAPY

MESALAMINE ER

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: Mesalamine DR 400 mg capsule (generic Delzicol DR) or Mesalamine DR 1.2 gm tablet (generic Lialda DR). prior to filling the step 2 drug: Mesalamine ER 0.375 gram cap (generic Apriso ER).

OVERACTIVE BLADDER

MEDICATION(S) SUBJECT TO STEP THERAPY

DARIFENACIN ER

CRITERIA

Patient needs to have paid claims for one of the following Step 1 drugs: oxybutynin tab, oxybutynin syrup, oxybutynin er tab, tolterodine tab, tolterodine er cap, OTC oxybutynin, trospium tab. Prior to filling the Step 2 drug: Darifenacin ER.

PATIROMER CALCIUM

MEDICATION(S) SUBJECT TO STEP THERAPY

VELTASSA

CRITERIA

Patient needs to have paid claims for a 30 day supply for any one of the following Step 1 drug(s): sodium polystyrene sulfonate (SPS), furosemide, bumetanide, torsemide, hydrochlorothiazide, chlorothiazide, chlrothaldione, indapamide, or metolazone. Prior to filling the Step 2 drug: Patiromer calcium.

RHOPRESSA

MEDICATION(S) SUBJECT TO STEP THERAPY

RHOPRESSA

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY TWO OF THE FOLLOWING STEP 1 DRUGS: BIMATOPROST 0.03%, LATANOPROST 0.005%, LUMIGAN 0.01%, ZIOPTAN 0.0015%, BETAXOLOL HCL 0.5%, CARTEOLOL HCL 1%, LEVOBUNOLOL 0.5%, TIMOLOL MALEATE 0.25%, TIMOLOL MALEATE 0.5%, APRACLONIDINE HCL 0.5%, IOPIDINE 1%, BRIMONIDINE 0.2%, BRIMONIDINE TARTRATE 0.15%, ALPHAGAN P 0.1%, AZOPT 1%, TRAVOPROST 0.004%, BETOPTIC S 0.25%. PRIOR TO FILLING THE STEP 2 DRUG: RHOPRESSA 0.02%

RISEDRONATE

MEDICATION(S) SUBJECT TO STEP THERAPY

RISEDRONATE SODIUM 150 MG TAB, RISEDRONATE SODIUM 35 MG TAB, RISEDRONATE SODIUM 5 MG TABLET

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: alendronate or ibandronate. Prior to filling the Step 2 Drug: risedronate.

RIVASTIGMINE PATCH

MEDICATION(S) SUBJECT TO STEP THERAPY

RIVASTIGMINE 13.3 MG/24HR PTCH, RIVASTIGMINE 4.6 MG/24HR PATCH, RIVASTIGMINE 9.5 MG/24HR PATCH

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: donepezil tabs, donepezil odt, rivastigmine caps, galantamine tabs, galantamine er caps. Prior to filling the Step 2 Drug: rivastigmine patches.

ROTIGOTINE

MEDICATION(S) SUBJECT TO STEP THERAPY

NEUPRO

CRITERIA

Patient needs to have a 30 day supply paid claim for any one of the following Step 1 drug: ropinirole tabs or pramipexole tabs. Prior to filling the Step 2 Drug: Neupro.

SIMBRINZA

MEDICATION(S) SUBJECT TO STEP THERAPY

SIMBRINZA

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY ONE OF THE FOLLOWING STEP 1 DRUGS: BIMATOPROST 0.03%, LATANOPROST 0.005%, LUMIGAN 0.01%, TRAVOPROST 0.004%, ZIOPTAN 0.0015%. PRIOR TO FILLING THE STEP 2 DRUG: SIMBRINZA 1%-0.2%

TOPICAL IMMUNOMODULATORS

MEDICATION(S) SUBJECT TO STEP THERAPY

PIMECROLIMUS, TACROLIMUS 0.03% OINTMENT, TACROLIMUS 0.1% OINTMENT

CRITERIA

Patient needs to have paid claims for ONE of the following Step 1 drugs: Topical Corticosteroids (alclometasone dipropionate, desonide, fluocinolone acetonide, betamethasone valerate, fluocinonide (-plus emollient), fluticasone propionate, prescription hydrocortisone, OTC hydrocortisone, OTC HYDROCORTISONE ACETATE, hydrocortisone valerate, hydrocortisone butyrate (-plus emollient), mometasone furoate, triamcinolone acetonide, amcinonide, betamethasone dipropionate, betamethason dipropionate/prop gly, augmented betamethasone dipropionate, desoximetasone, diflorasone diacetate, clobetasol propionate (-plus emollient), halobetasol propionate, prednicarbate) Prior to filling the Step 2 drug: Topical Immunomodulators (pimecrolimus, tacrolimus)

ULORIC

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drug: allopurinol. Prior to filling the Step 2 Drug: febuxostat

XOPENEX

MEDICATION(S) SUBJECT TO STEP THERAPY

LEVALBUTEROL CONCENTRATE, LEVALBUTEROL HCL, LEVALBUTEROL TARTRATE HFA

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 agents: albuterol inhaler, albuterol nebulization. Prior to filling the Step 2 agent: levalbuterol inhaler, levalbuterol nebulization.

ZIOPTAN

MEDICATION(S) SUBJECT TO STEP THERAPY

ZIOPTAN

CRITERIA

PATIENT NEEDS TO HAVE PAID CLAIMS FOR ANY TWO OF THE FOLLOWING STEP 1 DRUGS: BIMATOPROST 0.03%, LATANOPROST 0.005%, LUMIGAN 0.01%, TRAVOPROST 0.004%. PRIOR TO FILLING THE STEP 2 DRUG: ZIOPTAN