

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: NasaCort 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).

ANTI-MIGRAINE

MEDICATION(S) SUBJECT TO STEP THERAPY

SUMATRIPTAN

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: Rizatriptan benzoate, Naratriptan HCl, Sumatriptan (oral), Sumatriptan succinate (inj). Prior to filling the Step 2 drug: Sumatriptan (spray).

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.

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 PREPARATION H 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 2.5-1% CRM, HYDROCORT-PRAMOXINE 1%-1% CRM, PRAMCORT 1% CREAM

INHALED CORTICOSTEROIDS

MEDICATION(S) SUBJECT TO STEP THERAPY

FLOVENT HFA

CRITERIA

Patient needs to have paid claims for any one of the following Step 1 drugs: QVAR REDIHALER, ASMANEX Twisthaler. Prior to filling the Step 2 drugs: 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

LORATADINE

MEDICATION(S) SUBJECT TO STEP THERAPY

CLARINEX 0.5 MG/ML (2.5 MG/5), CLARINEX-D 12 HOUR, DESLORATADINE, LEVOCETIRIZINE DIHYDROCHLORIDE

CRITERIA

Patient needs to have paid claims for one of the following Step 1 drugs: Children's Zyrtec OTC, Children's Claritin OTC, fexofenadine OTC, Allegra/pseudoephedrine combination OTC, cetirizine OTC, cetirizine/pseudoephedrine combination OTC, loratadine OTC, loratadine/pseudoephedrine combination OTC. Prior to filling the Step 2 drugs: other low or nonsedating antihistamines (including pseudoephedrine combination of the following) desloratadine.

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, TOLTERODINE TARTRATE ER

CRITERIA

Patient needs to have paid claims for one of the following Step 1 drugs: Oxybutynin, Oxybutynin XL, Tolterodine, Oxytrol OTC. Prior to filling the Step 2 drug: Darifenacin ER, Tolterodine 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). Prior to filling the Step 2 drug: Patiromer calcium.

PROTON PUMP INHIBITORS

MEDICATION(S) SUBJECT TO STEP THERAPY

RABEPRAZOLE SOD DR 20 MG TAB

CRITERIA

Patient needs to have paid claims for two of the following Step 1 drugs: omeprazole OTC , omeprazole rx, Prevacid OTC, lansoprazole OTC, lansoprazole rx, Zegerid OTC, pantoprazole. Prior to filling the Step 2 drug: rabeprazole.

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%, VYZULTA 0.024%, 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 Z 0.004%, BETOPTIC S 0.25%. PRIOR TO FILLING THE STEP 2 DRUG: RHOPRESSA 0.02%

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, pramipexole, or pramipexole ER. 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: VYZULTA 0.024%, BIMATOPROST 0.03%, LATANOPROST 0.005%, LUMIGAN 0.01%, TRAVOPROST Z 0.004%, ZIOPTAN 0.0015%. PRIOR TO FILLING THE STEP 2 DRUG: SIMBRINZA 1%-0.2%

SKELETAL MUSCLE RELAXANT

MEDICATION(S) SUBJECT TO STEP THERAPY

CARISOPRODOL COMPOUND, CARISOPRODOL-ASPIRIN, ORPHENADRINE CITRATE ER

CRITERIA

Patient needs to have paid claims for any one of the following oral agents: Carisoprodol, Cyclobenzaprine, Methocarbamol. Prior to filling the Step 2 drug: Orphenadrine, Carisoprodol/Aspirin.

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

VYZULTA

MEDICATION(S) SUBJECT TO STEP THERAPY

VYZULTA

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 Z 0.004%, ZIOPTAN 0.0015%. PRIOR TO FILLING THE STEP 2 DRUG: VYZULTA

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 Z 0.004%, VYZULTA 0.024%. PRIOR TO FILLING THE STEP 2 DRUG: ZIOPTAN