

DEGLUDEC AND HUMULIN R STEP

MEDICATION(S) SUBJECT TO STEP THERAPY

HUMULIN R U-500, HUMULIN R U-500 KWIKPEN, INSULIN DEGLUDEC, INSULIN DEGLUDEC PEN (U-100), INSULIN DEGLUDEC PEN (U-200)

CRITERIA

Step 1: Member must trial insulin glargine, glargine yfgn, or Rezvoglar before insulin degludec or Humulin R 500 may be filled

Step 2: Once the requirements in step 1 have been met, Member may fill insulin degludec or Humulin R 500

DESCOVY ST

MEDICATION(S) SUBJECT TO STEP THERAPY

DESCOVY 200-25 MG TABLET

CRITERIA

Must have documentation of having tried and failed (intolerance) generic emtricitabine/tenofovir DF

DIABETIC AGENTS ST

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN, ALOGLIPTIN-METFORMIN, ALOGLIPTIN-PIOGLITAZONE, FARXIGA, GLYXAMBI, JARDIANCE, MOUNJARO, OZEMPIC, RYBELSUS, SYNJARDY, SYNJARDY XR, TRIJARDY XR, VICTOZA 2-PAK, VICTOZA 3-PAK, XIGDUO XR

CRITERIA

Step 1: Member must trial a metformin containing product first

Step 2: Once step 1 requirements have been met, the target diabetic drug may be filled

DUREZOL EYE DROPS ST

MEDICATION(S) SUBJECT TO STEP THERAPY

DIFLUPREDNATE

CRITERIA

Step 1: Must trial prednisolone acetate 1% suspension or fluometholone 0.1% suspension eye drops

Step 2: Member may fill Durezol 0.05% eye drops once step 1 requirements are met

EPLERENONE ST

MEDICATION(S) SUBJECT TO STEP THERAPY

EPLERENONE

CRITERIA

Trial and failure of oral spironolactone

ESZOPICLONE ST

MEDICATION(S) SUBJECT TO STEP THERAPY

ESZOPICLONE 2 MG TABLET, ESZOPICLONE 3 MG TABLET

CRITERIA

Step 1: Eszopiclone 1 mg, Step 2: Eszopiclone 2 mg, Step 3: Eszopiclone 3 mg

Eszopiclone 2 mg: Trial and failure of Step 1 agent: Eszopiclone 1 mg

Eszopiclone 3 mg: Trial and failure of Step 1 agent: Eszopiclone 1 mg AND Step 2 Agent: Eszopiclone 2 mg

INCONTINENCE AGENTS (OAB) ST

MEDICATION(S) SUBJECT TO STEP THERAPY

SOLIFENACIN SUCCINATE, TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER,
TROSPIUM CHLORIDE, TROSPIUM CHLORIDE ER

CRITERIA

Trial and failure of ONE of the following Step 1 agents: oral oxybutynin IR or ER

Step 2 Agents: trospium IR/ER, tolerodine IR/ER, solifenacin

LEVALBUTEROL ST

MEDICATION(S) SUBJECT TO STEP THERAPY

LEVALBUTEROL CONCENTRATE, LEVALBUTEROL HCL, LEVALBUTEROL TARTRATE HFA

CRITERIA

Step 1: Member must trial an albuterol sulfate product, nebulizer or albuterol HFA inhaler

Step 2: Once requirements of step 1 have been met, a levalbuterol containing product may be filled

MESALAMINE ST

MEDICATION(S) SUBJECT TO STEP THERAPY

MESALAMINE 800 MG DR TABLET

CRITERIA

Trial and failure of Mesalamine 1.2 G delayed release oral tablets

Step 1: Mesalamine 1.2 G, Step 2: Mesalamine 800 mg

METRONIDAZOLE GEL ST

MEDICATION(S) SUBJECT TO STEP THERAPY

METRONIDAZOLE TOP 1% GEL PUMP, METRONIDAZOLE TOPICAL 1% GEL

CRITERIA

Step 1: Member must trial metronidazole 0.75% gel first

Step 2: Once step 1 requirements have been met, metronidazole 1% gel may be filled

NARATRIPTAN ST

MEDICATION(S) SUBJECT TO STEP THERAPY

NARATRIPTAN HCL

CRITERIA

Step 1: Trial and failure to BOTH sumatriptan AND rizatriptan

OLOPATADINE ST

MEDICATION(S) SUBJECT TO STEP THERAPY

CVS OLOPATADINE 0.1% EYE DROPS, CVS OLOPATADINE 0.2% EYE DROP, GNP OLOPATADINE 0.1% EYE DROPS, GNP OLOPATADINE 0.2% EYE DROP, OLOPATADINE HCL 0.1% EYE DROP, OLOPATADINE HCL 0.1% EYE DROPS, OLOPATADINE HCL 0.2% EYE DROP, QC OLOPATADINE 0.2% EYE DROP, SM OLOPATADINE 0.2% EYE DROP, PATADAY ONCE DAILY 0.7% DROPS

CRITERIA

Trial and failure to ketotifen fumarate eye drops

PRED MILD ST

MEDICATION(S) SUBJECT TO STEP THERAPY

PRED MILD

CRITERIA

Step 1: Member must trial prednisolone AC 1% eye drop first

Step 2: Once the requirements of step 1 have been met, Pred Mild 0.12% eye drops may be filled

PREMARIN/ESTRING ST

MEDICATION(S) SUBJECT TO STEP THERAPY

ESTRING, PREMARIN VAGINAL CREAM-APPL

CRITERIA

Requires trial and failure of one of the following: estradiol vaginal cream or estradiol vaginal tab

Step 1: estradiol vaginal cream or estradiol vaginal tab

Step 2: Estring, Premarin

RANOLAZINE ST

MEDICATION(S) SUBJECT TO STEP THERAPY

RANOLAZINE ER

CRITERIA

Step 1: Trial of a beta blocker, calcium channel blocker, or long-acting nitrate

Step 2: Member may fill ranolazine ER once step 1 requirements have been met

SGLT2 ST

MEDICATION(S) SUBJECT TO STEP THERAPY

FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR, XIGDUO XR

CRITERIA

Step 1: ACE, ARB, ARNI, or BB

Step 3: When member meets 1, Jardiance or Farxiga and combinations can be filled

TACROLIMUS ST

MEDICATION(S) SUBJECT TO STEP THERAPY

TACROLIMUS 0.03% OINTMENT, TACROLIMUS 0.1% OINTMENT

CRITERIA

Step 1: Member must trial one medium to high potency topical steroid

Step 2: Once the requirements of step 1 have been met, tacrolimus may be filled

TOBRADEX OINTMENT

MEDICATION(S) SUBJECT TO STEP THERAPY

TOBRADEX EYE OINTMENT

CRITERIA

Use generic neomycin/bacitracin/polymyxin B/hydrocortisone OR neomycin/polymyxin B/dexamethasone ointment prior to Tobradex

TRELEGY ELLIPTA

MEDICATION(S) SUBJECT TO STEP THERAPY

TRELEGY ELLIPTA

CRITERIA

Step 1: Prior use of a combination of all three medication classes: long-acting muscarinic antagonist, long-acting beta agonist, and inhaled corticosteroid

Step 2: Member may fill Trelegy Ellipta once step 1 requirements have been met

VELTASSA ST

MEDICATION(S) SUBJECT TO STEP THERAPY

VELTASSA

CRITERIA

Step 1: Member must trial Lokelema first

Step 2: Once step 1 requirements have been met, member may fill Veltassa

XIFAXAN (RIFAXIMIN) ST

MEDICATION(S) SUBJECT TO STEP THERAPY

XIFAXAN

CRITERIA

Step 1: Member must trial lactulose first

Step 2: Once the requirements of step 1 have been met, the member may fill Xifaxan (rifaximin)

ZOLPIDEM 10MG

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TARTRATE 10 MG TABLET

CRITERIA

****For female members only****

Step 1: Must trial zolpidem IR 5mg first

Step 2: Once requirements of step 1 have been met, zolpidem IR 10mg may be filled

ZOLPIDEM CR

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TARTRATE ER

CRITERIA

Step 1: Member must trial zolpidem IR AND another formulary alternative (eszopiclone 1mg, zaleplon, OR temazepam)

Step 2: Once requirements of step 1 have been met, zolpidem CR may be filled