

PNR ANTIDEP AUVELITY

MEDICATION(S) SUBJECT TO STEP THERAPY

AUVELITY

CRITERIA

Must try two generic antidepressant agents (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

CYMBALTA

CRITERIA

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

MEDICATION(S) SUBJECT TO STEP THERAPY

DRIZALMA SPRINKLE

CRITERIA

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

PNR ANTIDEPRESS

MEDICATION(S) SUBJECT TO STEP THERAPY

APLENZIN, BUPROPION HCL XL 450 MG TABLET, CELEXA, CITALOPRAM HBR 30 MG CAPSULE, DESVENLAFAXINE ER, EFFEXOR XR, FETZIMA, FLUOXETINE DR, FLUOXETINE HCL 60 MG TABLET, FORFIVO XL, LEXAPRO, PAXIL, PAXIL CR, PEXEVA, PRISTIQ, PROZAC, REMERON, SERTRALINE 150 MG CAPSULE, SERTRALINE 200 MG CAPSULE, TRINTELLIX, VENLAFAXINE BESYLATE ER, VIIBRYD, WELLBUTRIN SR, WELLBUTRIN XL, ZOLOFT

CRITERIA

Must try a generic antidepressant agent (i.e. SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXCOM G6 RECEIVER, DEXCOM G6 SENSOR, DEXCOM G6 TRANSMITTER, DEXCOM G7 RECEIVER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 14 DAY READER, FREESTYLE LIBRE 14 DAY SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 PLUS SENSOR, FREESTYLE LIBRE 3 READER, FREESTYLE LIBRE 3 SENSOR

CRITERIA

Must try an insulin-containing agent

PNR ERGOTAMINE COT

MEDICATION(S) SUBJECT TO STEP THERAPY

DIHYDROERGOTAMINE 1 MG/ML AMP, ERGOMAR, ERGOTAMINE-CAFFEINE, MIGERGOT

CRITERIA

Must try two triptan products (brand or generic)

MEDICATION(S) SUBJECT TO STEP THERAPY

GABAPENTIN ER, GRALISE ER 300 MG TABLET, GRALISE ER 450 MG TABLET, GRALISE ER 600 MG TABLET, GRALISE ER 750 MG TABLET, GRALISE ER 900 MG TABLET, HORIZANT

CRITERIA

Must try immediate-release gabapentin

MEDICATION(S) SUBJECT TO STEP THERAPY

SOLIQUA 100-33, XULTOPHY 100-3.6

CRITERIA

Must try a metformin-containing product or an insulin-containing product

MEDICATION(S) SUBJECT TO STEP THERAPY

METFORMIN ER GASTRIC, METFORMIN ER OSMOTIC

CRITERIA

Must try generic metformin ER

MEDICATION(S) SUBJECT TO STEP THERAPY

GLUMETZA

CRITERIA

Must try generic metformin ER

MEDICATION(S) SUBJECT TO STEP THERAPY

OTREXUP, REDITREX

CRITERIA

Must try generic methotrexate injectable

MEDICATION(S) SUBJECT TO STEP THERAPY

RASUVO

CRITERIA

Must try generic methotrexate injectable, Otrexup, and RediTrex

MEDICATION(S) SUBJECT TO STEP THERAPY

CRINONE 4% GEL

CRITERIA

Must try one of the following: generic micronized progesterone, generic progesterone in oil, generic medroxyprogesterone acetate, combination or progesterone-only oral contraceptive, norethindrone, vaginal contraceptive, or contraceptive patch

PNR PROG CRINONE 8

MEDICATION(S) SUBJECT TO STEP THERAPY

CRINONE 8% GEL

CRITERIA

Must try Endometrin

MEDICATION(S) SUBJECT TO STEP THERAPY

ABILIFY MYCITE

CRITERIA

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

REXULTI 0.25 MG TABLET, REXULTI 0.5 MG TABLET, REXULTI 1 MG TABLET, REXULTI 2 MG TABLET, REXULTI 3 MG TABLET, REXULTI 4 MG TABLET, SEROQUEL XR 150 MG TABLET, SEROQUEL XR 200 MG TABLET, SEROQUEL XR 300 MG TABLET, SEROQUEL XR 400 MG TABLET, SEROQUEL XR 50 MG TABLET, VRAYLAR

CRITERIA

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

ZYPREXA 10 MG TABLET, ZYPREXA 15 MG TABLET, ZYPREXA 2.5 MG TABLET, ZYPREXA 20 MG TABLET, ZYPREXA 5 MG TABLET, ZYPREXA 7.5 MG TABLET, ZYPREXA ZYDIS

CRITERIA

Must try a generic atypical antipsychotic or generic fluoxetine

MEDICATION(S) SUBJECT TO STEP THERAPY

INVEGA

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

RISPERDAL, RISPERIDONE 0.25 MG ODT

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

CAPLYTA, CLOZAPINE ODT 12.5 MG TABLET, CLOZARIL, FANAPT, GEODON 20 MG CAPSULE, GEODON 40 MG CAPSULE, GEODON 60 MG CAPSULE, GEODON 80 MG CAPSULE, LATUDA, LYBALVI, QUETIAPINE 150 MG TABLET, SAPHRIS, SECUADO, SEROQUEL, VERSACLOZ

CRITERIA

Must try a generic atypical antipsychotic

MEDICATION(S) SUBJECT TO STEP THERAPY

ABILIFY

CRITERIA

Must try a generic atypical antipsychotic, generic haloperidol, pimozide, or generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

MEDICATION(S) SUBJECT TO STEP THERAPY

PROAIR DIGIHALER

CRITERIA

Must try generic albuterol HFA or Ventolin HFA

MEDICATION(S) SUBJECT TO STEP THERAPY

PROAIR RESPICLICK

CRITERIA

Must try generic albuterol HFA or Ventolin HFA

MEDICATION(S) SUBJECT TO STEP THERAPY

PROVENTIL HFA

CRITERIA

Must try generic albuterol HFA or Ventolin HFA

RB ALBUTEROL W AGF

MEDICATION(S) SUBJECT TO STEP THERAPY

ALBUTEROL SULFATE HFA, PROVENTIL HFA

CRITERIA

Must try generic albuterol HFA or Ventolin HFA

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN, ALOGLIPTIN-METFORMIN, ALOGLIPTIN-PIOGLITAZONE, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SITAGLIPTIN, TRADJENTA, ZITUVIO

CRITERIA

Must try Januvia, Janumet, or Janumet XR

MEDICATION(S) SUBJECT TO STEP THERAPY

LYRICA CR, PREGABALIN ER

CRITERIA

Must try one of the following: generic duloxetine, amitriptyline, nortriptyline, imipramine, desipramine, venlafaxine, or gabapentin; AND generic pregabalin immediate release

MEDICATION(S) SUBJECT TO STEP THERAPY

ALVESCO, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROP 100MCG DISKUS, FLUTICASONE PROP 250 MCG DISK, FLUTICASONE PROP 50 MCG DISKUS, FLUTICASONE PROPIONATE HFA

CRITERIA

Must try Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, or Qvar HFA

MEDICATION(S) SUBJECT TO STEP THERAPY

ADVAIR DISKUS

CRITERIA

Must try generic fluticasone propionate-salmeterol aerosol powder

MEDICATION(S) SUBJECT TO STEP THERAPY

ANAPROX DS, ARTHROTEC 50, ARTHROTEC 75, CAMBIA, CELEBREX, COXANTO, DAYPRO, DICLOFENAC, EC-NAPROSYN, FELDENE, FENOPROFEN 200 MG CAPSULE, FENORTHO, INDOCIN 25 MG/5 ML SUSPENSION, INDOMETHACIN 20 MG CAPSULE, KETOPROFEN 25 MG CAPSULE, KETOPROFEN 50 MG CAPSULE, KETOPROFEN 75 MG CAPSULE, KETOPROFEN ER 200 MG CAPSULE, KIPROFEN, LODINE, MECLOFENAMATE 100 MG CAPSULE, MECLOFENAMATE 50 MG CAPSULE, MELOXICAM 7.5 MG/5 ML SUSP, NALFON, NAPRELAN, NAPROSYN, OXAPROZIN 300 MG CAPSULE, RELAFEN DS, TIVORBEX, TOLECTIN 600, TOLMETIN SODIUM, VIVLODEX, ZIPSOR, ZORVOLEX

CRITERIA

Must try two prescription strength generic oral NSAIDs

RB PANCREATIC ENZ

MEDICATION(S) SUBJECT TO STEP THERAPY

PANCREAZE, PERTZYE, VIOKACE

CRITERIA

Must try both Creon and Zenpep

RB PENICILLAMINE

MEDICATION(S) SUBJECT TO STEP THERAPY

CUPRIMINE, DEPEN, PENICILLAMINE 250 MG CAPSULE

CRITERIA

Must try generic penicillamine tablets

MEDICATION(S) SUBJECT TO STEP THERAPY

ADAPALENE 0.1% SOLUTION, ADAPALENE 0.1% SWAB

CRITERIA

Must try a generic topical retinoid

RB RETINOID AKLIEF2

MEDICATION(S) SUBJECT TO STEP THERAPY

AKLIEF

CRITERIA

Must try a generic topical retinoid

RB RETINOID ALTERNO2

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTRENO

CRITERIA

Must try a generic topical retinoid

RB RETINOID ARAZLO

MEDICATION(S) SUBJECT TO STEP THERAPY

ARAZLO

CRITERIA

Must try a generic topical retinoid

RB RETINOID ATRALIN2

MEDICATION(S) SUBJECT TO STEP THERAPY

ATRALIN, RETIN-A 0.025% CREAM, RETIN-A 0.05% CREAM, RETIN-A 0.1% CREAM

CRITERIA

Must try a generic topical retinoid

RB RETINOID CABTREO

MEDICATION(S) SUBJECT TO STEP THERAPY

CABTREO

CRITERIA

Must try a generic topical retinoid

RB RETINOID DIFFERN2

MEDICATION(S) SUBJECT TO STEP THERAPY

DIFFERIN 0.1% CREAM, DIFFERIN 0.1% LOTION, DIFFERIN 0.3% GEL PUMP

CRITERIA

Must try a generic topical retinoid

RB RETINOID EPIDUO

MEDICATION(S) SUBJECT TO STEP THERAPY

EPIDUO, EPIDUO FORTE

CRITERIA

Must try a generic topical retinoid

RB RETINOID FABIOR2

MEDICATION(S) SUBJECT TO STEP THERAPY

FABIOR, TAZAROTENE 0.1% FOAM

CRITERIA

Must try a generic topical retinoid

RB RETINOID RETIN-A2

MEDICATION(S) SUBJECT TO STEP THERAPY

RETIN-A 0.01% GEL, RETIN-A 0.025% GEL, RETIN-A MICRO, RETIN-A MICRO PUMP

CRITERIA

Must try a generic topical retinoid

RB RETINOID TAZORAC2

MEDICATION(S) SUBJECT TO STEP THERAPY

TAZORAC 0.05% GEL, TAZORAC 0.1% CREAM, TAZORAC 0.1% GEL

CRITERIA

Must try a generic topical retinoid

RB RETINOID TWYNEO

MEDICATION(S) SUBJECT TO STEP THERAPY

TWYNEO

CRITERIA

Must try a generic topical retinoid

MEDICATION(S) SUBJECT TO STEP THERAPY

BRENZAVVY, INPEFA, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO

CRITERIA

Must try one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR; AND one of the following: Farxiga, Xigduo

RB SGLT2 GLYXAMBI

MEDICATION(S) SUBJECT TO STEP THERAPY

QTERN, STEGLUJAN

CRITERIA

Must try Glyxambi or Trijardy XR

RB STATIN W AGF LFOT

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTOPREV, ATORVALIQ, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE-ATORVASTATIN
CALCIUM, FLOLIPID, LESCOL XL, LIPITOR, LIVALO, ROSUVASTATIN-EZETIMIBE, ROSZET,
VYTORIN, ZOCOR, ZYPITAMAG

CRITERIA

Must try a generic statin or a statin combination

CARTRIDGE, PRECISION PCX, PRECISION PCX PLUS, PRECISION POINT OF CARE, PRECISION Q-I-D, PRECISION XTRA TEST STRIPS, PREMIER TEST STRIP, PREMIUM BLOOD GLUCOSE TEST, PREMIUM V10 GLUCOSE TEST STRIP, PRO VOICE V8-V9 TEST STRIP, PRODIGY NO CODING, QUINTET GLUCOSE TEST STRIPS, QUINTET AC GLUCOSE TEST STRIPS, REFUAH PLUS TEST STRIPS, RELION CONFIRM-MICRO, RELION PRIME TEST STRIPS, RIGHTEST GS100 TEST STRIP, RIGHTEST GS300 TEST STRIP, RIGHTEST GS550 TEST STRIP, RIGHTEST GT333 TEST STRIP, SMART SENSE TEST STRIPS, SMARTEST TEST, SOLUS V2 TEST STRIPS, SURE-TEST EASYPLUS MINI STRIP, TD GOLD LEVEL 2 CONTROL SOL, TELCARE TEST STRIPS, TEST N'GO GLUCOSE TEST STRIP, TEST STRIPS, TRUE METRIX GLUCOSE TEST STRIP, TRUETEST TEST STRIPS, TRUETRACK TEST STRIP, RELION ULTIMA TEST STRIPS, UNISTRIP1, VIVAGUARD INO TEST STRIP, WAVESENSE JAZZ, WAVESENSE PRESTO TEST STRIPS

CRITERIA

Must try any preferred Ascensia or LifeScan product (Contour, OneTouch)

MEDICATION(S) SUBJECT TO STEP THERAPY

ACANYA, ACZONE, AMZEEQ, AZELEX, BENZAMYCIN, CLEOCIN T, CLINDAGEL, EPSOLAY, ERY, ERYGEL, EVOCLIN, FINACEA, KLARON, METROCREAM, METROGEL, METROLOTION, NORITATE, ONEXTON GEL PUMP, VELTIN, ZIANA, ZILXI

CRITERIA

Must try two preferred topical antibiotic products (i.e., topical generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide and combinations, azelaic acid gel)

MEDICATION(S) SUBJECT TO STEP THERAPY

XDEM VY

CRITERIA

Must try generic ivermectin oral tablet

MEDICATION(S) SUBJECT TO STEP THERAPY

ELIDEL, PIMECROLIMUS

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

EUCRISA

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

PROTOPIC, TACROLIMUS 0.03% OINTMENT, TACROLIMUS 0.1% OINTMENT

CRITERIA

Must try a topical corticosteroid or a topical corticosteroid combination preparation

MEDICATION(S) SUBJECT TO STEP THERAPY

LYRICA

CRITERIA

Must try another anticonvulsant or generic duloxetine, amitriptyline, nortriptyline, imipramine, desipramine, cyclobenzaprine, venlafaxine, gabapentin, pregabalin, or tramadol

MEDICATION(S) SUBJECT TO STEP THERAPY

SAVELLA

CRITERIA

Must try generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, tramadol, cyclobenzaprine, or pregabalin

MEDICATION(S) SUBJECT TO STEP THERAPY

ALMOTRIPTAN MALATE, FROVA, FROVATRIPTAN SUCCINATE, IMITREX, MAXALT, MAXALT MLT, ONZETRA XSAIL, RELPAX, SUMATRIPTAN SUCC-NAPROXEN SOD, SUMATRIPTAN 4 MG/0.5 ML CART, SUMATRIPTAN 6 MG/0.5 ML CART, TOSYMRA, TREXIMET, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN 2.5 MG NASAL SPRY, ZOLMITRIPTAN 5 MG NASAL SPRAY, ZOMIG

CRITERIA

Must try a generic triptan (eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)

MEDICATION(S) SUBJECT TO STEP THERAPY

DETROL, DETROL LA, GEMTESA, MYRBETRIQ, OXYBUTYNIN 2.5 MG TABLET, TOVIAZ, VESICARE, VESICARE LS

CRITERIA

Must try a generic urinary incontinence agent

MEDICATION(S) SUBJECT TO STEP THERAPY

OXYTROL

CRITERIA

Must try a generic urinary incontinence agent

RBD URINING DITROPAN

MEDICATION(S) SUBJECT TO STEP THERAPY

DITROPAN XL

CRITERIA

Must try a generic urinary incontinence agent

RBD URINING GELNIQUE

MEDICATION(S) SUBJECT TO STEP THERAPY
GELNIQUE

CRITERIA

Must try a generic urinary incontinence agent

MEDICATION(S) SUBJECT TO STEP THERAPY

EDLUAR

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

AMBIEN, AMBIEN CR, BELSOMRA, DAYVIGO, LUNESTA, QUVIVIQ, ROZEREM, SILENOR,
ZOLPIDEM TARTRATE 7.5 MG CAP, ZOLPIMIST

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TART 1.75 MG TAB SL, ZOLPIDEM TART 3.5 MG TABLET SL

CRITERIA

Must try a generic non-benzodiazepine hypnotic agent

MEDICATION(S) SUBJECT TO STEP THERAPY

ACIPHEX, ACIPHEX SPRINKLE, RABEPRAZOLE DR 10 MG SPRNKL CP

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

ESOMEPRAZOLE STRONTIUM

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

PREVACID

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

NEXIUM

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

RBPPI GF OMEPRAZOLE2

MEDICATION(S) SUBJECT TO STEP THERAPY

PRILOSEC

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

PROTONIX

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

VOQUEZNA

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

MEDICATION(S) SUBJECT TO STEP THERAPY

KONVOMEF, ZEGERID

CRITERIA

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole