

ANTICONVULSANTS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

VIGABATRIN, VIGADRONE, VIGPODER

CRITERIA

Previous trial of two of the following: carbamazepine, divalproex sodium, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid, zonisamide

ANTICONVULSANTS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

RUFINAMIDE

CRITERIA

Previous trial of one of the following: lamotrigine, valproic acid, or topiramate

ANTICONVULSANTS - 5

MEDICATION(S) SUBJECT TO STEP THERAPY

QUDEXY XR, TOPIRAMATE ER, TROKENDI XR

CRITERIA

Previous trial of one of the following: topiramate immediate release tablets/sprinkle capsules

ANTICONVULSANTS - 6

MEDICATION(S) SUBJECT TO STEP THERAPY

MOTPOLY XR

CRITERIA

Previous trial of one of the following: generic lacosamide

ANTIDEPRESSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

MILNACIPRAN HCL, SAVELLA, SAVELLA TITRATION PACK

CRITERIA

Patient must have previous trial of a TCA (e.g. amitriptyline) or SNRI (e.g. duloxetine)

ANTIEMETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

APREPITANT, DRONABINOL 10 MG CAP, DRONABINOL 2.5 MG CAP, DRONABINOL 5 MG CAP, EMEND TRIPACK

CRITERIA

Previous trial of one of the following: dexamethasone, granisetron, ondansetron

ANTIFUNGALS

MEDICATION(S) SUBJECT TO STEP THERAPY

TOLSURA

CRITERIA

Previous trial of one of the following: itraconazole, fluconazole

ANTI-HISTAMINES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

CORPHENA, RYCLORA

CRITERIA

Patient must have tried diphenhydramine

ANTIINCONTINENCE AGENT

MEDICATION(S) SUBJECT TO STEP THERAPY

GELNIQUE

CRITERIA

Patient must have previously tried oxybutynin and tolterodine

ANTIINCONTINENCE AGENT - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

SOLIFENACIN SUCCINATE

CRITERIA

Previous trial of one of the following: generic oxybutynin

ANTIMIGRAINE PREPARATIONS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

TOSYMRA

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIMIGRAINE PREPARATIONS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

AMERGE, FROVA, IMITREX, IMITREX STATDOSE REFILL, IMITREX STATDOSE SYSTEM, MAXALT, MAXALT-MLT, RELPAX, SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART, TOSYMRA, ZOLMITRIPTAN 2.5 MG SOLUTION, ZOLMITRIPTAN 5 MG SOLUTION, ZOMIG

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIPSYCHOTICS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FANAPT, FANAPT TITRATION PACK A, FANAPT TITRATION PACK B, FANAPT TITRATION PACK C

CRITERIA

Patient must have previously tried 2 of the following: olanzapine, quetiapine (IR/ER), risperidone/ODT, aripiprazole

ANTIPSYCHOTICS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

GEODON

CRITERIA

Patient must have previously tried 2 of the following: olanzapine, quetiapine (IR/ER), risperidone, aripiprazole

ANTIPSYCHOTICS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

PALIPERIDONE ER

CRITERIA

Patient must have previously tried 2 of the following: olanzapine, quetiapine (IR/ER), risperidone, aripiprazole.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

MEDICATION(S) SUBJECT TO STEP THERAPY

ADHANSIA XR, APTENSIO XR, CONCERTA, DEXEDRINE, FOCALIN, FOCALIN XR, INTUNIV, KAPVAY, METHYLIN, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, RITALIN, RITALIN LA, STRATTERA, ZENZEDI

CRITERIA

Patient must have previously tried any 2 formulary generic CNS stimulant options

BLOOD PRESSURE

MEDICATION(S) SUBJECT TO STEP THERAPY

TRIAMTERENE 100 MG CAP, TRIAMTERENE 50 MG CAP

CRITERIA

Previous trial of BOTH of the following: amiloride and spironolactone

CARDIOVASCULAR - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

IVABRADINE HCL

CRITERIA

Patient must have previously tried any beta blocker

CARDIOVASCULAR - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

CAROSPIR

CRITERIA

Previous trial of one of the following: generic spironolactone suspension

CARDIOVASCULAR - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

PRESTALIA

CRITERIA

Patient must have tried amlodipine or perindopril

CARDIOVASCULAR - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

KATERZIA

CRITERIA

Patient must have previously tried tablet formulation

DERMATOLOGICALS

MEDICATION(S) SUBJECT TO STEP THERAPY

FLURANDRENOLIDE 0.05 % CREAM, NOLIX 0.05 % CREAM

CRITERIA

Previous trial of one of the following: generic topical mometasone, triamcinolone

DERMATOLOGICALS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

VTAMA, ZORYVE

CRITERIA

Previous trial of one of the following: generic topical RX corticosteroid (e.g., triamcinolone, fluocinolone, mometasone, betamethasone)

DIABETES

MEDICATION(S) SUBJECT TO STEP THERAPY

JANUMET, JANUMET XR, JANUVIA, PIOGLITAZONE HCL-GLIMEPIRIDE, PIOGLITAZONE HCL-METFORMIN HCL, SAXAGLIPTIN HCL, STEGLUJAN, TRIJARDY XR

CRITERIA

Previous trial of one of the following: metformin, a sulfonylurea (glimepiride, glipizide, glyburide, tolbutamide) or combination product containing metformin and a sulfonylurea.

DIABETES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

GLYXAMBI

CRITERIA

Previous trial of one of the following: metformin, a sulfonylurea (glimepiride, glipizide, glyburide, tolbutamide), pioglitazone or combination product containing 2 of the aforementioned products

GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN, NOVOLIN 70/30 FLEXPEN RELION, NOVOLIN 70/30 RELION, NOVOLIN N, NOVOLIN N FLEXPEN, NOVOLIN N FLEXPEN RELION, NOVOLIN N RELION, NOVOLIN R, NOVOLIN R FLEXPEN, NOVOLIN R FLEXPEN RELION, NOVOLIN R RELION

CRITERIA

Patient must have previously tried and failed Humulin N, Humulin R or Humulin 70/30

GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - TEST STRIP

MEDICATION(S) SUBJECT TO STEP THERAPY

ACCU-CHEK AVIVA PLUS STRIP, ACCU-CHEK GUIDE TEST, ACCU-CHEK SMARTVIEW, ACCUTREND GLUCOSE, ADVOCATE REDI-CODE STRIP, ADVOCATE REDI-CODE+ TEST, ADVOCATE TEST, AGAMATRIX AMP TEST, AGAMATRIX JAZZ TEST, AGAMATRIX PRESTO TEST, ASSURE 4 TEST, ASSURE PLATINUM, ASSURE PRISM MULTI TEST, BIOTEL CARE TEST STRIPS, BLOOD GLUCOSE TEST, CAREONE BLOOD GLUCOSE TEST, CARESENS N GLUCOSE TEST, CARETOUCH TEST, CLEVER CHEK AUTO-CODE TEST, CLEVER CHEK AUTO-CODE VOICE STRIP, CLEVER CHEK TEST, CLEVER CHOICE AUTO-CODE TEST, CLEVER CHOICE MICRO TEST, CLEVER CHOICE NO CODING, CLEVER CHOICE TALK SYSTEM STRIP, CONTOUR NEXT TEST, CONTOUR TEST, COOL BLOOD GLUCOSE TEST STRIPS, CVS ADVANCED GLUCOSE TEST, CVS GLUCOSE METER TEST STRIPS, DIATRUE PLUS TEST, EASYGLUCO STRIP, EASYMAX 15 TEST, EASYMAX TEST, EASY PLUS II GLUCOSE TEST, EASY STEP TEST, EASY TALK BLOOD GLUCOSE TEST, EASY TOUCH TEST, EASY TRAK BLOOD GLUCOSE TEST, EASY TRAK II GLUCOSE TEST, ELEMENT COMPACT TEST, ELEMENT TEST, EMBRACE BLOOD GLUCOSE TEST, EMBRACE EVO BLOOD GLUCOSE TEST, EMBRACE PRO GLUCOSE TEST, EMBRACE TALK GLUCOSE TEST, EQ BLOOD GLUCOSE TEST, EVOLUTION AUTOCODE STRIP, FIFTY50 GLUCOSE TEST 2.0, FORA 6 CONNECT STRIP, FORA BLOOD GLUCOSE TEST, FORACARE GD40 TEST, FORACARE PREMIUM V10 TEST, FORACARE TEST N GO TEST, FORA D15G BLOOD GLUCOSE TEST, FORA D20 BLOOD GLUCOSE TEST, FORA D40/G31 BLOOD GLUCOSE, FORA G20 BLOOD GLUCOSE TEST, FORA G30/PREM V10 GLUCOSE TEST, FORA GD20 TEST, FORA GD50 BLOOD GLUCOSE TEST, FORA GTEL BLOOD GLUCOSE TEST, FORA TN'G/TN'G VOICE, FORA V10 BLOOD GLUCOSE TEST, FORA V12 BLOOD GLUCOSE TEST, FORA V20 BLOOD GLUCOSE TEST, FORA V30A BLOOD GLUCOSE TEST, FORTISCARE TEST, FREESTYLE INSULINX TEST, FREESTYLE LITE TEST, FREESTYLE TEST, GE100 BLOOD GLUCOSE TEST, GHT TEST, GLUCOCARD 01 SENSOR PLUS, GLUCOCARD EXPRESSION TEST, GLUCOCARD SHINE TEST, GLUCOCARD VITAL TEST, GLUCOCOM TEST, GLUCONAVII BLOOD GLUCOSE TEST, GLUCOSE METER TEST, GNP EASY TOUCH GLUCOSE TEST, GNP TRUE METRIX GLUCOSE STRIPS, GOJJI BLOOD GLUCOSE TEST, GOJJI BLOOD TEST STRIP/LANCETS, GOODSENSE BLOOD GLUCOSE STRIP, HW EMBRACE PRO GLUCOSE TEST, HW EMBRACE TALK GLUCOSE TEST, IGLUCOSE TEST STRIPS, INFINITY BLOOD GLUCOSE TEST, INFINITY VOICE STRIP, KROGER BLOOD GLUCOSE TEST, KROGER HEALTHPRO GLUCOSE TEST, KROGER PREMIUM GLUCOSE TEST, MEIJER BLOOD GLUCOSE TEST, MICRODOT TEST, MM EASY TOUCH GLUCOSE, MYGLUCOHEALTH TEST, NEUTEK 2TEK TEST, NOVA MAX GLUCOSE TEST, ON CALL EXPRESS BLOOD GLUCOSE, ONETOUCH ULTRA, ONETOUCH ULTRA BLUE TEST,

ONETOUCH ULTRA TEST, ONETOUCH VERIO STRIP, OPTIUMEZ TEST, PHARMACIST CHOICE AUTOCODE, PHARMACIST CHOICE NO CODING, PRECISION XTRA BLOOD GLUCOSE, PREMIUM BLOOD GLUCOSE TEST, PRODIGY NO CODING BLOOD GLUC STRIP, PRO VOICE V8/V9 GLUCOSE, QUINTET AC BLOOD GLUCOSE TEST, QUINTET BLOOD GLUCOSE TEST, REFUAH PLUS BLOOD GLUCOSE TEST, RELION BLOOD GLUCOSE TEST, RELION CONFIRM/MICRO TEST, RELION PRIME TEST, RELION ULTIMA TEST, REXALL BLOOD GLUCOSE TEST, RIGHTEST GS100 BLOOD GLUCOSE, RIGHTEST GS300 BLOOD GLUCOSE, RIGHTEST GS550 BLOOD GLUCOSE, SMARTEST BLOOD GLUCOSE TEST, SMART SENSE PREMIUM TEST, SMART SENSE VALUE TEST, SOLUS V2 TEST, TGT BLOOD GLUCOSE TEST, TRUE METRIX BLOOD GLUCOSE TEST, TRUETEST TEST, TRUETRACK TEST, UNISTRIP1 GENERIC, VERASENS BLOOD GLUCOSE TEST, VIVAGUARD INO TEST STRIPS

CRITERIA

Patient must have previously tried preferred OneTouch or Freestyle products

GLOBAL PREFERRED PRODUCT: ESTROGENS

MEDICATION(S) SUBJECT TO STEP THERAPY

CLIMARA PRO

CRITERIA

Patient must have tried and failed Combipatch

GLOBAL PREFERRED PRODUCT: TOPICAL ACNE

MEDICATION(S) SUBJECT TO STEP THERAPY

BENZAMYCIN

CRITERIA

Must have tried: clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya or Onexton

GOUT - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT, ULORIC

CRITERIA

Patient must have previously tried allopurinol

GOUT: MITIGARE

MEDICATION(S) SUBJECT TO STEP THERAPY

MITIGARE

CRITERIA

Patient must have previously tried generic colchicine tablets

GW_OPTHALMIC PROSTA

MEDICATION(S) SUBJECT TO STEP THERAPY

BIMATOPROST 0.01 % SOLUTION, DURYSTA, LATANOPROST 0.005 % SOLUTION, LUMIGAN, TRAVATAN Z, XALATAN, XELPROS, ZIOPTAN

CRITERIA

Patient must have previously tried: latanoprost, travoprost, bimatoprost or taflupros

HIV

MEDICATION(S) SUBJECT TO STEP THERAPY

COMPLERA

CRITERIA

Patient must have previously tried: Odefsey

HYPNOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

AMBIEN, AMBIEN CR, EDLUAR, LUNESTA, ZOLPIMIST

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

IMMUNOSUPPRESSIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

ASTAGRAF XL, ENVARSUS XR, TACROLIMUS ER

CRITERIA

Patient must have previously tried generic tacrolimus.

IMMUNOSUPPRESSIVES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

PURIXAN

CRITERIA

Previous trial of one of the following: mercaptopurine tablets

OPIOID WITHDRAWAL THERAPY

MEDICATION(S) SUBJECT TO STEP THERAPY

SUBOXONE 8-2 MG FILM, ZUBSOLV

CRITERIA

Patient must have previously tried generic buprenorphine/naloxone formulation

ORAL CONTRACEPTIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

JOYEAUX, LEVONORGEST-ETH ESTRADIOL-IRON, MINZOYA

CRITERIA

Previous trial of one of the following: generic oral contraceptive

OSTEOPOROSIS

MEDICATION(S) SUBJECT TO STEP THERAPY

ATELVIA

CRITERIA

Patient must have previously tried alendronate

PAIN - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

ROXYBOND

CRITERIA

Previous trial of one of the following: generic oxycodone tablets, capsules, oral solution

PROTON-PUMP INHIBITORS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET

CRITERIA

Patient must have tried and failed 2 generic Rx PPIs (lansoprazole, pantoprazole, or omeprazole)

PSORIASIS

MEDICATION(S) SUBJECT TO STEP THERAPY

EUCRISA

CRITERIA

Patient must have tried a topical corticosteroid or pimecrolimus.

ROSACEA - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

EPSOLAY

CRITERIA

Previous trial of one of the following generics: azelaic acid gel 15%, ivermectin cream 1%, metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%, metronidazole lotion 0.75%, rosadan cream, rosadan gel

SICKLE CELL

MEDICATION(S) SUBJECT TO STEP THERAPY

DROXIA 200 MG CAP, DROXIA 300 MG CAP

CRITERIA

N/A

TESTOSTERONE

MEDICATION(S) SUBJECT TO STEP THERAPY

ANDROGEL, ANDROGEL PUMP, AVEED, DEPO-TESTOSTERONE, FORTESTA, METHYLTESTOSTERONE 10 MG CAP, NATESTO, TESTIM, TESTONE CIK, TESTOPEL, TESTOSTERONE 100 MG PELLETT, TESTOSTERONE 200 MG PELLETT, TESTOSTERONE 50 MG PELLETT, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION, VOGELXO

CRITERIA

Patient must have previously tried generic testosterone cypionate and one other generic testosterone product

TOPICAL ANTIPARASITICS

MEDICATION(S) SUBJECT TO STEP THERAPY

EURAX, OVIDE

CRITERIA

Patient must have previously tried permethrin

TOPICAL ANTI-WARTS

MEDICATION(S) SUBJECT TO STEP THERAPY

VEREGEN

CRITERIA

Previous trial of one of the following: generic imiquimod