ANTIASTHMATICS - INHALED LAMA

MEDICATION(S) SUBJECT TO STEP THERAPY

INCRUSE ELLIPTA, TIOTROPIUM BROMIDE, TUDORZA PRESSAIR, UMECLIDINIUM ELLIPTA

CRITERIA

Previous trial of Spiriva

ANTICONVULSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

XCOPRI, XCOPRI (250 MG DAILY DOSE), XCOPRI (350 MG DAILY DOSE)

CRITERIA

Patient must have previously tried 2 generic antiepileptic therapies

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

MEDICATION(S) SUBJECT TO STEP THERAPY

RUFINAMIDE

CRITERIA

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

MOTPOLY XR

CRITERIA

Previous trial of one of the following: generic lacosamide

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

MEDICATION(S) SUBJECT TO STEP THERAPY

TOLSURA

CRITERIA

Previous trial of one of the following: itraconazole, fluconazole

ANTIHISTAMINES - 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

APTENSIO XR, CONCERTA, COTEMPLA XR-ODT, DEXEDRINE, FOCALIN, FOCALIN XR, INTUNIV, KAPVAY, METHYLIN, METHYLPHENIDATE ER, 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

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

KATERZIA

CRITERIA

Patient must have previously tried tablet formulation

CHOLESTEROL

MEDICATION(S) SUBJECT TO STEP THERAPY

LIVALO

CRITERIA

Previous trial of one of the followin generics: atorvastatin, fluvastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

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)

MEDICATION(S) SUBJECT TO STEP THERAPY

PIOGLITAZONE HCL-GLIMEPIRIDE, PIOGLITAZONE HCL-METFORMIN HCL

CRITERIA

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

DIABETES - BASAL INSULIN 2

MEDICATION(S) SUBJECT TO STEP THERAPY

TRESIBA, TRESIBA FLEXTOUCH

CRITERIA

Trial and failure of one of the following: Insulin glargine-yfgn, insulin glargine U300, or Lantus

DIABETES - DPP4

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN BENZOATE, ALOGLIPTIN-METFORMIN HCL, ALOGLIPTIN-PIOGLITAZONE, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SAXAGLIPTIN-METFORMIN ER, SITAGLIPTIN, TRADJENTA, ZITUVIO

CRITERIA

Trial of two of the following preferred generics: sitagliptin (generic of Januvia), sitagliptin/metformin (generic of Janumet), sitagliptin-metformin ER (generic of Janumet XR) or saxagliptin

DIABETES - RAPID INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

ADMELOG, ADMELOG SOLOSTAR, APIDRA, APIDRA SOLOSTAR, FIASP, FIASP FLEXTOUCH, FIASP PENFILL, FIASP PUMPCART, HUMALOG TEMPO PEN, KIRSTY, LYUMJEV, LYUMJEV KWIKPEN, LYUMJEV TEMPO PEN, MERILOG, MERILOG SOLOSTAR, NOVOLOG FLEXPEN RELION, NOVOLOG RELION

CRITERIA

Must have previous trial of two of the following: insulin lispro, Humalog, or Novolog.

FAE: ANTIASTHMATICS - INHALED CORTICOSTEROIDS

MEDICATION(S) SUBJECT TO STEP THERAPY

ALVESCO, ASMANEX (120 METERED DOSES), ASMANEX (14 METERED DOSES), ASMANEX (30 METERED DOSES), ASMANEX (60 METERED DOSES), ASMANEX HFA, BECLOMETHASONE DIPROP HFA, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE FUROATE ELLIPTA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER

CRITERIA

Patient must have previously tried both Arnuity Ellipta and Qvar

FAE: DIABETES - BASAL INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

BASAGLAR KWIKPEN, BASAGLAR TEMPO PEN, INSULIN GLARGINE, INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN, LEVEMIR, LEVEMIR FLEXPEN, LEVEMIR FLEXTOUCH, REZVOGLAR KWIKPEN, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR

CRITERIA

Trial and failure of two of the following: Insulin glargine-yfgn, insulin glargine U300, or Lantus

FAE: DIABETES - SGLT2

MEDICATION(S) SUBJECT TO STEP THERAPY

BEXAGLIFLOZIN, BRENZAVVY, DAPAGLIFLOZIN-SAXAGLIPTIN, FARXIGA, INVOKAMET, INVOKAMET XR, INVOKANA, QTERN, SEGLUROMET, STEGLATRO, STEGLUJAN, XIGDUO XR

CRITERIA

Patient must have previous trial of one of the following preferred generics: dapagliflozin or dapagliflozin/metformin; and one of the following preferred brands: Glyxambi, Trijardy XR, Jardiance, Synjardy, or Synjardy XR

FAE: RESPIRATORY COMBINATION INHALERS

MEDICATION(S) SUBJECT TO STEP THERAPY

ADVAIR DISKUS, AIRDUO RESPICLICK 113/14, AIRDUO RESPICLICK 232/14, AIRDUO RESPICLICK 55/14, DULERA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, SYMBICORT

CRITERIA

Previous trial of two of the following generic or preferred brands: budesonide-formoterol/Breyna, Advair HFA, Breo Ellipta

FAE: RESPIRATORY COMBINATION INHALERS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL

CRITERIA

Previous trial of Advair HFA

FAE: RESPIRATORY COMBINATION INHALERS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUTICASONE FUROATE-VILANTEROL

CRITERIA

Previous trial of Breo Ellipta

FAE: RESPIRATORY COMBINATION INHALERS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

UMECLIDINIUM-VILANTEROL

CRITERIA

Patient must have previously tried: Anoro Ellipta or Stiolto Respimat

MEDICATION(S) SUBJECT TO STEP THERAPY

ACCUTREND GLUCOSE, ADVANCE INTUITION TEST, ADVANCE MICRO-DRAW TEST, ADVOCATE REDI-CODE STRIP, ADVOCATE REDI-CODE+ TEST, ADVOCATE TEST, AGAMATRIX AMP TEST, AGAMATRIX JAZZ TEST, AGAMATRIX KEYNOTE TEST, AGAMATRIX PRESTO TEST, ASSURE 3 TEST, ASSURE 4 TEST, ASSURE II, ASSURE II CHECK, ASSURE PLATINUM, ASSURE PRISM MULTI TEST, ASSURE PRO TEST, ASSURE TITANIUM, BIOTEL CARE TEST STRIPS, BLOOD GLUCOSE TEST, BLOOD GLUCOSE TEST STRIPS 333, BLULINK GLUCOSE TEST, CAREONE BLOOD GLUCOSE TEST, CARESENS N GLUCOSE TEST, CARESENS S 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 PLUS TEST, CONTOUR TEST, COOL BLOOD GLUCOSE TEST STRIPS, CVS ADVANCED GLUCOSE TEST, CVS GLUCOSE METER TEST STRIPS, CVS TRUE METRIX GLUCOSE TEST, D-CARE BLOOD GLUCOSE, DIATHRIVE BLOOD GLUCOSE TEST, DIATHRIVE GLUCOSE TEST, DIATHRIVE+ GLUCOSE TEST, DIATRUE PLUS TEST, DUO-CARE TEST, EASYGLUCO STRIP, EASYMAX 15 TEST, EASY MAX BLOOD GLUCOSE TEST, EASYMAX TEST, EASY PLUS II GLUCOSE TEST, EASYPRO BLOOD GLUCOSE TEST, EASYPRO PLUS STRIP, EASY STEP TEST, EASY TALK BLOOD GLUCOSE TEST, EASY TALK PLUS II TEST STRIPS, EASY TOUCH HEALTHPRO GLUCOSE STRIP, 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, EMBRACE WAVE BLOOD GLUCOSE STRIP, EQ BLOOD GLUCOSE TEST, EVOLUTION AUTOCODE STRIP, FIFTY50 GLUCOSE TEST 2.0, FONDCIRCLE BLOOD GLUCOSE TEST, FORA 6 CONNECT STRIP, FORA 6 CONNECT/GTEL TEST, 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 ADVANCE PRO STRIP, 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 G1 TEST STRIP, FORTISCARE TEST, FREESTYLE INSULINX TEST, FREESTYLE LITE TEST, FREESTYLE PRECISION NEO TEST, FREESTYLE TEST, GE100 BLOOD GLUCOSE TEST, GENULTIMATE TEST, GHT TEST, GLUCOCARD 01 SENSOR PLUS, GLUCOCARD EXPRESSION TEST, GLUCOCARD SHINE TEST,

GLUCOCARD VITAL TEST, GLUCOCARD X-SENSOR, GLUCOCOM TEST, GLUCONAVII BLOOD GLUCOSE TEST, GLUCO PERFECT 3 TEST, GLUCOSE METER TEST, GNP EASY TOUCH GLUCOSE TEST, GNP TRUE METRIX GLUCOSE STRIPS, GNP TRUETRACK SMART SYSTEM, GNP TRUETRACK TEST 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, IHEALTH BLOOD GLUCOSE TEST STR, INFINITY BLOOD GLUCOSE TEST, INFINITY VOICE STRIP, IN TOUCH BLOOD GLUCOSE TEST, KROGER BLOOD GLUCOSE TEST, KROGER HEALTHPRO GLUCOSE TEST, KROGER PREMIUM GLUCOSE TEST, LIBERTY NEXT GENERATION TEST, LIBERTY TEST, MEIJER BLOOD GLUCOSE TEST, MEIJER ESSENTIAL GLUCOSE TEST, MEIJER TRUETEST TEST, MEIJER TRUETRACK TEST, MICRODOT TEST, MM BLULINK GLUCOSE TEST, MM EASY TOUCH GLUCOSE, MYGLUCOHEALTH TEST, NEUTEK 2TEK TEST, NOVA MAX GLUCOSE TEST, ON CALL EXPRESS BLOOD GLUCOSE, ONE DROP TEST, ONETOUCH ULTRA, ONETOUCH ULTRA BLUE TEST, ONETOUCH ULTRA TEST, ONETOUCH VERIO STRIP, OPTIUMEZ TEST, PHARMACIST CHOICE AUTOCODE, PHARMACIST CHOICE NO CODING, PIP BLOOD GLUCOSE TEST STRIP, POCKETCHEM EZ TEST, PRECISION XTRA BLOOD GLUCOSE, PREMIUM BLOOD GLUCOSE TEST, PRODIGY NO CODING BLOOD GLUC STRIP, PRO VOICE V8/V9 GLUCOSE, PTS PANELSEGLU TEST, QUICKTEK TEST, QUICK TOUCH BLOOD GLUCOSE TEST, QUINTET AC BLOOD GLUCOSE TEST, QUINTET BLOOD GLUCOSE TEST, REFUAH PLUS BLOOD GLUCOSE TEST, RELION BLOOD GLUCOSE TEST, RELION CONFIRM/MICRO TEST, RELION GLUCOSE TEST STRIPS, RELION PREMIER TEST, RELION PRIME TEST, RELION TRUE METRIX TEST STRIPS, RELION ULTIMA TEST, REXALL BLOOD GLUCOSE TEST, RIGHTEST GS100 BLOOD GLUCOSE, RIGHTEST GS300 BLOOD GLUCOSE, RIGHTEST GS550 BLOOD GLUCOSE, RIGHTEST GT333 BLOOD GLUCOSE STRIP, RIGHTEST GT333 GLUCOSE TEST, SMARTEST BLOOD GLUCOSE TEST, SMART SENSE PREMIUM TEST, SMART SENSE VALUE TEST, SOLUS V2 TEST, SUPREME TEST, TGT BLOOD GLUCOSE TEST, TRUE FOCUS BLOOD GLUCOSE STRIP, TRUENESS BLOOD GLUCOSE STRIPS, TRUETEST TEST, TRUETRACK TEST, UNISTRIP1 GENERIC, VERASENS BLOOD GLUCOSE TEST, VIVAGUARD INO TEST STRIPS

CRITERIA

Trial and failure of both of the following products: True Metrix and Accu-Chek

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

HYPNOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

AMBIEN, AMBIEN CR, EDLUAR, LUNESTA, ZOLPIMIST

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

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

OPHTHALMIC PROSTAGL

MEDICATION(S) SUBJECT TO STEP THERAPY

BIMATOPROST 0.01 % SOLUTION, LUMIGAN

CRITERIA

Patient must have previous trial of one of the following preferred generics: latanoprost, travoprost, bimatoprost or tafluprost

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

MEDICATION(S) SUBJECT TO STEP THERAPY

ROXYBOND

CRITERIA

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

PARKINSON DISEASE

MEDICATION(S) SUBJECT TO STEP THERAPY

CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP ER, CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP ER, CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP ER, CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP ER, CREXONT, RYTARY

CRITERIA

Previous trial of one of the following: IR/CR carbidopa/levodopa

PROTON-PUMP INHIBITORS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

NEXIUM, PROTONIX 40 MG RECON SOLN, PROTONIX 40 MG TAB DR

CRITERIA

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

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

Trial and failure of hydroxyurea

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 PELLET, TESTOSTERONE 200 MG PELLET, TESTOSTERONE 50 MG PELLET, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION, VOGELXO

CRITERIA

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

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