

ANESTHETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

NUVAKAAN-II, PRIZOTRAL, PRIZOTRAL-II

CRITERIA

Patient must have tried generic or individual components (lidocaine and prilocaine)

ANTIARTHRITICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

INFLATHERM

CRITERIA

Patient must have tried individual components (diclofenac sodium and trolamine salicylate)

ANTIARTHRITICS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

DICLOFENAC EPOLAMINE, FENOVAR, FLECTOR, VAROPHEN

CRITERIA

Patient must have tried oral and topical diclofenac

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

ANTICONVULSANTS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

RUFINAMIDE

CRITERIA

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

ANTIDEPRESSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

SAVELLA, SAVELLA TITRATION PACK

CRITERIA

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

ANTI-HISTAMINES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION, RYCLORA

CRITERIA

Patient must have tried diphenhydramine

ANTIINCONTINENCE AGENT

MEDICATION(S) SUBJECT TO STEP THERAPY

GELNIQUE, OXYTROL, TOVIAZ

CRITERIA

Patient must have previously tried oxybutynin and tolterodine

ANTIMIGRAINE PREPARATIONS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

TOSYMRA

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIMIGRAINE PREPARATIONS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

TREXIMET

CRITERIA

Patient must have previously tried sumatriptan and any RX NSAID

ANTIMIGRAINE PREPARATIONS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

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

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIPSYCHOTICS

MEDICATION(S) SUBJECT TO STEP THERAPY

CAPLYTA

CRITERIA

Previous trial of one of the following generics: aripiprazole, asenapine, chlorpromazine, clozapine, fluphenazine, haloperidol, lithium, loxapine, lurasidone, olanzapine, paliperidone, perphenazine, prochlorperazine, quetiapine, risperidone, thioridazine, thiothixene, trifluoperazine, ziprasidone.

ANTIPSYCHOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

DRIZALMA SPRINKLE 20 MG CAP DR

CRITERIA

Patient must have previously tried generic duloxetine oral capsule

ANTIPSYCHOTICS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FANAPT, FANAPT TITRATION PACK

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

INVEGA, PALIPERIDONE ER

CRITERIA

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

ANTIPSYCHOTICS -4

MEDICATION(S) SUBJECT TO STEP THERAPY

FETZIMA, FETZIMA TITRATION

CRITERIA

Patient must have previously tried 2 of the following: duloxetine, venlafaxine, desvenlafaxine

ANTIRHEUMATICS

MEDICATION(S) SUBJECT TO STEP THERAPY

OTREXUP, RASUVO

CRITERIA

Previous trial of one of the following: methotrexate

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

MEDICATION(S) SUBJECT TO STEP THERAPY

ADDERALL, ADDERALL XR, ADHANSIA XR, ADZENYS ER, ADZENYS XR-ODT, AMPHETAMINE ER, APTENSIO XR, AZSTARYS, CONCERTA, COTEMPLA XR-ODT, DESOXYN, DEXEDRINE, DYANAVEL XR, EVEKEO, EVEKEO ODT, FOCALIN, FOCALIN XR, INTUNIV, JORNAY PM, KAPVAY, METHYLIN, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER, QELBREE, RELEXXII 45 MG TAB ER, RELEXXII 63 MG TAB ER, RELEXXII 72 MG TAB ER, RITALIN, RITALIN LA, STRATTERA, ZENZEDI

CRITERIA

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) - QUILLICHEW, QUILLIVANT

MEDICATION(S) SUBJECT TO STEP THERAPY

QUILLICHEW ER, QUILLIVANT XR

CRITERIA

Patient must have previously tried an extended release generic stimulant.

BRONCHIAL DILATORS

MEDICATION(S) SUBJECT TO STEP THERAPY

ZILEUTON ER, ZYFLO

CRITERIA

Patient must have previously tried generic montelukast or zafirlukast

CARDIOVASCULAR - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB

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, TEKTRINA HCT

CRITERIA

Patient must have previously tried tablet formulation

DERMATOLOGICALS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

ALA SCALP, HYDROCORTISONE 2 % LOTION

CRITERIA

Previous trial of one of the following: generic hydrocortisone 2.5% lotion

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

EPILEPSY - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB, LIDOTIN, LIPRITIN, LIPRITIN II

CRITERIA

Patient must have previously tried gabapentin

EPILEPSY - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

QUDEXY XR, TOPAMAX, TROKENDI XR

CRITERIA

Patient must have previously tried generic topiramate IR

GLOBAL PREFERRED PRODUCT: ANTI-ASTHMATICS - INHALED CORTICOSTEROIDS

MEDICATION(S) SUBJECT TO STEP THERAPY

ALVESCO

CRITERIA

Patient must have previously tried: Arnuity Ellipta, Asmanex, Flovent, Pulmicort or Qvar

GLOBAL PREFERRED PRODUCT: ANTI-ASTHMATICS - INHALED LAMA

MEDICATION(S) SUBJECT TO STEP THERAPY

TUDORZA PRESSAIR

CRITERIA

Patient must have previously tried and failed Incruse Ellipta or Spiriva

GLOBAL PREFERRED PRODUCT: BRONCHIAL DILATORS

MEDICATION(S) SUBJECT TO STEP THERAPY

DUAKLIR PRESSAIR

CRITERIA

Patient must have previously tried: Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat

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 - INSULIN RAPID ACT

MEDICATION(S) SUBJECT TO STEP THERAPY

ADMELOG, ADMELOG SOLOSTAR, APIDRA, APIDRA SOLOSTAR, FIASP, FIASP FLEXTOUCH, FIASP PENFILL, INSULIN ASP PROT & ASP FLEXPEN, INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL, INSULIN ASPART PROT & ASPART, NOVOLOG, NOVOLOG FLEXPEN, NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 FLEXPEN, NOVOLOG PENFILL

CRITERIA

Patient must trial and fail Humalog OR Lyumjev

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, 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, EASYGLUCO STRIP, EASYGLUCO PLUS, EASYMAX 15 TEST, EASYMAX 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, EVENCARE G2 TEST, EVENCARE G3 TEST, EVENCARE MINI GLUCOSE TEST, EVENCARE PROVIEW GLUCOSE TEST, EVOLUTION AUTOCODE STRIP, FIFTY50 GLUCOSE TEST 2.0, FORA 6 CONNECT STRIP, FORA BLOOD GLUCOSE 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, FORACARE GD40 TEST, FORACARE PREMIUM V10 TEST, FORACARE TEST N GO TEST, FORTISCARE 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, HARMONY BLOOD GLUCOSE TEST, 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, KROGER TEST, MEIJER BLOOD GLUCOSE TEST, MEIJER PREMIUM GLUCOSE TEST, MICRODOT TEST, MM EASY TOUCH GLUCOSE,

MYGLUCOHEALTH TEST, NEUTEK 2TEK TEST, NOVA MAX GLUCOSE TEST, ON CALL EXPRESS BLOOD GLUCOSE, ONETOUCH VERIO STRIP, OPTIUM TEST, OPTIUMEZ TEST, PHARMACIST CHOICE AUTOCODE, PHARMACIST CHOICE NO CODING, PRECISION PCX, PRECISION PCX PLUS TEST, PRECISION POINT OF CARE TEST, PRECISION QID TEST, PRECISION XTRA BLOOD GLUCOSE, PREMIUM BLOOD GLUCOSE TEST, PRO VOICE V8/V9 GLUCOSE, PRODIGY NO CODING BLOOD GLUC STRIP, 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, SMART SENSE PREMIUM TEST, SMART SENSE VALUE TEST, SMARTTEST BLOOD GLUCOSE TEST, SOLUS V2 TEST, SURE-TEST EASYPLUS MINI TEST, TGT BLOOD GLUCOSE TEST, TRUE METRIX BLOOD GLUCOSE TEST, TRUETEST TEST, TRUETRACK TEST, ULTRATRAK PRO TEST, ULTRATRAK ULTIMATE 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: LONG ACTING INSULINS

MEDICATION(S) SUBJECT TO STEP THERAPY

BASAGLAR KWIKPEN, LANTUS, LANTUS SOLOSTAR

CRITERIA

Patient must have previously tried 2 preferred Long Acting Insulins (Semglee, Levemir, Insulin Degludec or Tresiba)

GLOBAL PREFERRED PRODUCT: OPHTHALMIC STEROIDS

MEDICATION(S) SUBJECT TO STEP THERAPY

INVELTYS

CRITERIA

Patient must have previously tried any generic ophthalmic steroid

GLOBAL PREFERRED PRODUCT: TOPICAL ACNE

MEDICATION(S) SUBJECT TO STEP THERAPY

BENZACLIN, BENZACLIN WITH PUMP, 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

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, DAYVIGO, EDLUAR, INTERMEZZO, LUNESTA, ZOLPIMIST

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

HYPNOTICS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

RAMELTEON, ROZEREM

CRITERIA

Patient must have previously tried eszopiclone, zaleplon, or zolpidem

IMMUNOSUPPRESSIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

ASTAGRAF XL, ENVARSUS XR

CRITERIA

Patient must have previously tried generic tacrolimus.

LIPOTROPICS

MEDICATION(S) SUBJECT TO STEP THERAPY

EZALLOR SPRINKLE

CRITERIA

Patient must have previously tried two generic statins

MUSCLE RELAXANTS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

AMRIX

CRITERIA

Patient must have previously tried generic cyclobenzaprine

MUSCLE RELAXANTS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

NORGESIC FORTE, ORPHENADRINE-ASA-CAFFEINE, ORPHENGESIC FORTE

CRITERIA

Patient must have previously tried individual components (orphenadrine citrate, aspirin, and caffeine tablets)

OPIOID WITHDRAWAL THERAPY

MEDICATION(S) SUBJECT TO STEP THERAPY

BUNAVAIL, SUBOXONE 8-2 MG FILM, ZUBSOLV

CRITERIA

Patient must have previously tried generic buprenorphine/naloxone formulation

OSTEOPOROSIS

MEDICATION(S) SUBJECT TO STEP THERAPY

ATELVIA

CRITERIA

Patient must have previously tried alendronate

PAIN

MEDICATION(S) SUBJECT TO STEP THERAPY

NAPROXEN-ESOMEPRAZOLE MG, VIMOVO

CRITERIA

Patient must have previously tried and failed individual ingredients (naproxen and esomeprazole)

PANCREATIC ENZYMES

MEDICATION(S) SUBJECT TO STEP THERAPY

PERTZYE

CRITERIA

Patient must have previously tried Zenpep, Creon, or Pancreaze

PROTON-PUMP INHIBITORS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT, DEXLANSOPRAZOLE 30 MG CAP DR, ESOMEPRAZOLE STRONTIUM, NEXIUM

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.

SLEEP: BELSOMRA

MEDICATION(S) SUBJECT TO STEP THERAPY

BELSOMRA, QUVIVIQ

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone AND Dayvigo

TESTOSTERONE

MEDICATION(S) SUBJECT TO STEP THERAPY

ANADROL-50, ANDRODERM, ANDROGEL, ANDROGEL PUMP, AVEED, DEPO-TESTOSTERONE, FORTESTA, JATENZO, METHYLTESTOSTERONE 10 MG CAP, NATESTO, TESTIM, TESTONE CIK, TESTOPEL, TESTOSTERONE 100 MG PELLETT, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 200 MG PELLETT, TESTOSTERONE 50 MG PELLETT, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION, VOGELXO, VOGELXO PUMP, XYOSTED

CRITERIA

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

TOPICAL ANESTHETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

LMR PLUS, ZILACAINE PATCH

CRITERIA

Patient must have tried topical lidocaine

TOPICAL ANTI-INFLAMMATORY - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

CLODAN 0.05 % KIT

CRITERIA

Patient must have tried generic clobetasol

TOPICAL ANTI-INFLAMMATORY - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUOVIX, FLUOVIX PLUS

CRITERIA

Patient must have tried generic fluocinonide

TOPICAL ANTIPARASITICS

MEDICATION(S) SUBJECT TO STEP THERAPY

LINDANE, NATROBA, OVIDE, SKLICE, SPINOSAD

CRITERIA

Patient must have previously tried permethrin