

## **ANESTHETICS**

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### **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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INFLATHERM

### **CRITERIA**

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

## **ANTIARTHRITICS - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DICLOFENAC EPOLAMINE, FENOVAR, FLECTOR, VAROPHEN

### **CRITERIA**

Patient must have tried oral and topical diclofenac

## ANTICONVULSANTS

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### **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

## **ANTIDEPRESSANTS**

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### **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)

## **ANTIHISTAMINES**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CARBINOXAMINE MALEATE 6 MG TAB, RYVENT

### **CRITERIA**

Patient must have previously tried carbinoxamine or Rx antihistamine (generic)

## ANTI-HISTAMINES - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION, RYCLORA

### **CRITERIA**

Patient must have tried diphenhydramine

## **ANTIINCONTINENCE AGENT**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

GELNIQUE, OXYTROL, TOVIAZ

### **CRITERIA**

Patient must have previously tried oxybutynin and tolterodine



## **ANTIMIGRAINE PREPARATIONS - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TOSYMRA

### **CRITERIA**

Patient must have previously tried two preferred generic oral triptans

## ANTIMIGRAINE PREPARATIONS - 3

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TREXIMET

### **CRITERIA**

Patient must have previously tried sumatriptan and any RX NSAID

## ANTIMIGRAINE PREPARATIONS - 4

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### **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

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DRIZALMA SPRINKLE 20 MG CAP DR

### **CRITERIA**

Patient must have previously tried generic duloxetine oral capsule

## ANTIPSYCHOTICS - 2

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### **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

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### **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

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FETZIMA, FETZIMA TITRATION

### **CRITERIA**

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

## **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

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### **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, METADATE CD, 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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

QUILLICHEW ER, QUILLIVANT XR

### **CRITERIA**

Patient must have previously tried an extended release generic stimulant.

## **BRONCHIAL DILATORS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ZILEUTON ER, ZYFLO

### **CRITERIA**

Patient must have previously tried generic montelukast or zafirlukast

## **CARDIOVASCULAR - 1**

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### **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 - 3**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PRESTALIA

### **CRITERIA**

Patient must have tried amlodipine or perindopril

## **CARDIOVASCULAR - 4**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

KATERZIA, TEKTRINA HCT

### **CRITERIA**

Patient must have previously tried tablet formulation

## DERMATOLOGICALS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PICATO

### **CRITERIA**

Patient must have previously tried topical fluorouracil or imiquimod



## DIABETES

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### **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.

## **EPILEPSY - 1**

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### **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**

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### **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**

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### **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**

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### **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**

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### **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**

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### **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**

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### **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 - SGLT2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INVOKAMET, INVOKAMET XR, SEGLUROMET

### **CRITERIA**

Patient must have previously tried two: Farxiga, Xigduo XR, Jardiance, or Synjardy/XR

## GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - TEST STRIP

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### MEDICATION(S) SUBJECT TO STEP THERAPY

ACCU-CHEK AVIVA PLUS STRIP, ACCU-CHEK GUIDE STRIP, 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, ON CALL PLUS BLOOD GLUCOSE, ON CALL VIVID BLOOD GLUCOSE, ONETOUCH VERIO STRIP, OPTIUM TEST, OPTIUMEZ TEST, OPTUMRX BLOOD GLUCOSE 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, REVEAL BLOOD GLUCOSE 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, SMARTEST 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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CLIMARA PRO

### **CRITERIA**

Patient must have tried and failed Combipatch

## **GLOBAL PREFERRED PRODUCT: LONG ACTING INSULINS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BASAGLAR KWIKPEN, LANTUS, LANTUS SOLOSTAR, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR

### **CRITERIA**

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

## **GLOBAL PREFERRED PRODUCT: OPHTHALMIC STEROIDS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INVELTYS

### **CRITERIA**

Patient must have previously tried any generic ophthalmic steroid

## **GLOBAL PREFERRED PRODUCT: TOPICAL ACNE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BENZAACLIN, BENZAACLIN WITH PUMP, BENZAMYCIN

### **CRITERIA**

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

## GOUT - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FEBUXOSTAT, ULORIC

### **CRITERIA**

Patient must have previously tried allopurinol



## **GOUT: MITIGARE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

COLCHICINE 0.6 MG CAP, MITIGARE

### **CRITERIA**

Patient must have previously tried generic colchicine tablets

## **GW\_OPTHALMIC PROSTA**

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

COMPLERA

### **CRITERIA**

Patient must have previously tried: Odefsey

## **HYPNOTICS - 1**

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RAMELTEON, ROZEREM

### **CRITERIA**

Patient must have previously tried eszopiclone, zaleplon, or zolpidem

## **IMMUNOSUPPRESSIVES**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ASTAGRAF XL, ENVARSUS XR

### **CRITERIA**

Patient must have previously tried generic tacrolimus.

## LIPOTROPICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

EZALLOR SPRINKLE

### **CRITERIA**

Patient must have previously tried two generic statins

## MUSCLE RELAXANTS - 1

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

AMRIX

### **CRITERIA**

Patient must have previously tried generic cyclobenzaprine



## MUSCLE RELAXANTS - 2

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BUNAVAIL, SUBOXONE 8-2 MG FILM, ZUBSOLV

### **CRITERIA**

Patient must have previously tried generic buprenorphine/naloxone formulation

## OSTEOPOROSIS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ATELVIA

### **CRITERIA**

Patient must have previously tried alendronate

## **PAIN**

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### **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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PERTZYE

### **CRITERIA**

Patient must have previously tried Zenpep, Creon, or Pancreaze

## PROTON-PUMP INHIBITORS - 2

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CLOCORTOLONE PIVALATE, CLODERM, ELIDEL, EUCRISA, PIMECROLIMUS

### **CRITERIA**

Patient must have tried a topical corticosteroid

## **SLEEP: BELSOMRA**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BELSOMRA, QUVIVIQ

### **CRITERIA**

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



# TESTOSTERONE

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## **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

## TETRACYCLINES

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

COREMINO, DORYX, DORYX MPC 120 MG TAB DR, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB DR, DOXYCYCLINE HYCLATE 80 MG TAB DR, MINOCYCLINE HCL ER 105 MG TAB ER 24H, MINOCYCLINE HCL ER 115 MG TAB ER 24H, MINOCYCLINE HCL ER 135 MG TAB ER 24H, MINOCYCLINE HCL ER 45 MG TAB ER 24H, MINOCYCLINE HCL ER 55 MG TAB ER 24H, MINOCYCLINE HCL ER 65 MG TAB ER 24H, MINOCYCLINE HCL ER 80 MG TAB ER 24H, MINOCYCLINE HCL ER 90 MG TAB ER 24H, SOLODYN

### **CRITERIA**

Patient must have previously tried 2 forms of generic tetracycline

## TOPICAL ANESTHETICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LMR PLUS, ZILACAINE PATCH

### **CRITERIA**

Patient must have tried topical lidocaine

## TOPICAL ANTI-INFLAMMATORY - 1

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CLODAN 0.05 % KIT

### **CRITERIA**

Patient must have tried generic clobetasol

## TOPICAL ANTI-INFLAMMATORY - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FLUOVIX, FLUOVIX PLUS

### **CRITERIA**

Patient must have tried generic fluocinonide

## TOPICAL ANTIPARASITICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LINDANE, NATROBA, OVIDE, SKLICE, SPINOSAD

### **CRITERIA**

Patient must have previously tried permethrin