

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

AMYLIN ANALOG 676-D

SYMLINPEN 120, SYMLINPEN 60

Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days

Step Therapy Group

Drug Names

Step Therapy Criteria

ANTIPSYCHOTICS 657-D

LATUDA, REXULTI

Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, asenapine, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, or ziprasidone within the past 180 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

CGRP RECEPTOR ANTAGONIST CLUSTER HEADACHE 2761-E

EMGALITY

Coverage will be provided for Emgality 100 mg if the member has filled a prescription for at least a 1 day supply of sumatriptan (subcutaneous or nasal) or zolmitriptan (nasal or oral) within the past 730 days

Step Therapy Group

Drug Names

Step Therapy Criteria

CGRP RECEPTOR ANTAGONIST MIGRAINE 2761-E

AIMOVIG, AJOVY, EMGALITY

Coverage will be provided for Aimovig, Ajovy and Emgality 120 mg if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

DESVENLAFAXINE/FETZIMA 1888-E

DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK

Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D

ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR

Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group	DOXEPIN 1496-E
Drug Names	DOXEPIN HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 7 day supply of a generic topical corticosteroid AND at least a 7 day supply of topical tacrolimus (Protopic) within the past 120 days.
Step Therapy Group	EUCRISA 3199-E
Drug Names	EUCRISA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a one day supply of a medium or higher potency topical corticosteroid within the past 180 days.
Step Therapy Group	GLP-1 AGONIST 676-D
Drug Names	OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D
Drug Names	SOLIQUA 100/33, XULTOPHY 100/3.6
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	LYRICA 656-D
Drug Names	PREGABALIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days)
Step Therapy Group	NATROBA 4830-D
Drug Names	SPINOSAD
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% or permethrin 5% within the past 60 days.
Step Therapy Group	NY OTC ANTIFUNGALS TOPICAL 1079-D
Drug Names	CICLOPIROX, CICLOPIROX OLAMINE, CLOTRIMAZOLE, ECONAZOLE NITRATE, KETOCONAZOLE, NAFTIFINE HCL, NAFTIFINE HYDROCHLORIDE, OXICONAZOLE NITRATE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic OTC clotrimazole 1% topical cream OR OTC miconazole 2% topical cream/oint OR OTC butenafine 1% topical cream OR OTC tolnaftate 1% topical cream/powder/spray/soln (at least a 14 day supply within the past 180 days)

Step Therapy Group	NY OTC ANTIFUNGALS TOPICAL NYSTATIN 1079-D
Drug Names	NYAMYC, NYSTATIN, NYSTOP
Step Therapy Criteria	Coverage will be provided if the member has tried a generic OTC clotrimazole 1% topical cream OR OTC miconazole 2% topical cream/oint (14 days within the past 180 days)
Step Therapy Group	NY OTC ANTIHISTAMINES NON-SEDATING 1081-D
Drug Names	DESLORATADINE, DESLORATADINE ODT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for generic OTC loratadine, fexofenadine, or cetirizine (at least a 14 day supply within the past 180 days)
Step Therapy Group	NY OTC ANTIVIRALS - TOPICAL 1075-D
Drug Names	DENAVIR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for oral acyclovir, valacyclovir, famciclovir OR OTC Abreva (at least a 1 day supply within the past 180 days)
Step Therapy Group	NY OTC OPHTHALMICS ANTIHISTAMINE 1082-D
Drug Names	AZELASTINE HCL, BEPOTASTINE BESILATE, EPINASTINE HCL, OLOPATADINE HCL, OLOPATADINE HYDROCHLORIDE, ZERVIAE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for generic OTC Zaditor (at least a 14 day supply within the past 180 days)
Step Therapy Group	NY OTC TOPICAL ACNE 1077-D
Drug Names	ADAPALENE/BENZOYL PEROXID, ERYTHROMYCIN/BENZOYL PERO
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for an OTC benzoyl peroxide product (at least a 30 day supply within the past 180 days)
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER
Step Therapy Criteria	Coverage will be provided if the member has filled a cumulative 8-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.

Step Therapy Group	OPIOID IR 2221-M
Drug Names	CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
Step Therapy Group	OPIOID IR COMBO PRODUCTS 1358-E
Drug Names	ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, TRAMADOL HYDROCHLORIDE/AC
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
Step Therapy Group	OVIDE 4831-D
Drug Names	MALATHION
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.
Step Therapy Group	PDPD AUTOIMMUNE
Drug Names	ACTEMRA, SIMPONI
Step Therapy Criteria	For Ankylosing Spondylitis, must try Cosentyx, Enbrel, Humira. Targets: Simponi, Taltz, Xeljanz, Xeljanz XR For Crohn's Disease, must try Humira, Stelara. For Plaque Psoriasis, must try Humira, Otezla, Skyrizi, Stelara, Taltz, Tremfya. Targets: Cosentyx, Enbrel. For Psoriatic Arthritis, must try Cosentyx, Enbrel, Humira, Otezla, Rinvoq, Skyrizi. Targets: Simponi, Stelara, Taltz, Tremfya, Xeljanz, Xeljanz XR. For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara (after failure of two other preferred products), Rinvoq, Xeljanz, Xeljanz XR. Targets: Actemra, Simponi. For Ulcerative Colitis, must try Humira (primary preferred), Rinvoq (secondary preferred), Xeljanz (secondary preferred), Xeljanz XR (secondary preferred). Targets: Simponi, Stelara.

Step Therapy Group	PDPD HEP C
Drug Names	SOVALDI, ZEPATIER
Step Therapy Criteria	Must try Epclusa or Harvoni
Step Therapy Group	PDPD MS
Drug Names	AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK
Step Therapy Criteria	Must try Betaseron, Rebif, Glatiramer 40mg, Glatopa 20mg, Copaxone 20mg, Copaxone 40mg, Gilenya, dimethyl fumarate, Aubagio.
Step Therapy Group	RANEXA 658-D
Drug Names	RANOLAZINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a beta blocker in combination with either a calcium channel blocker or long-acting nitrate (at least a 30 day supply within the past 365 days)
Step Therapy Group	SAVELLA 2557-D
Drug Names	SAVELLA, SAVELLA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of immediate-release pregabalin or duloxetine within the past 120 days.
Step Therapy Group	SIMVA 80MG 981-D
Drug Names	SIMVASTATIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) or 10-80mg strength of ezetimibe-simvastatin (Vytorin) (at least a 290 day supply within the past 365 days)
Step Therapy Group	SKLICE 3744-D
Drug Names	IVERMECTIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.
Step Therapy Group	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	TGST BISPHOSPHONATES 377-D
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)

Step Therapy Group	TGST BPH-ALPHA1 BLCK 606-D
Drug Names	CARDURA XL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (other than bimatoprost) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST SLEEP AGENTS 382-D
Drug Names	BELSOMRA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days)
Step Therapy Group	TGST SSRI 384-D
Drug Names	TRINTELLIX
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30 day supply within the past 365 days)
Step Therapy Group	TREXIMET 3020-D
Drug Names	SUMATRIPTAN/NAPROXEN SODI
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of generic sumatriptan AND generic naproxen within the past 120 days.
Step Therapy Group	ULORIC 540-D
Drug Names	FEBUXOSTAT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)
Step Therapy Group	VITAMIN D ANALOGS TOPICAL 1381-E
Drug Names	CALCIPOTRIENE, CALCIPOTRIENE/BETAMETHASO, CALCITRIOL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days.