Step Therapy Criteria

Step Therapy Group	AMYLIN ANALOG 676-D
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	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	ANTIPSYCHOTICS 657-D
Drug Names	VRAYLAR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, asenapine, lurasidone, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, or ziprasidone within the past 180 days.
Step Therapy Group	CGRP RECEPTOR ANTAGONIST CLUSTER HEADACHE 2761-E
Drug Names	EMGALITY
Step Therapy Criteria	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	CGRP RECEPTOR ANTAGONIST MIGRAINE 2761-E
Drug Names	AIMOVIG, EMGALITY
Step Therapy Criteria	Coverage will be provided for Aimovig, Emgality 120 mg if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days.
Step Therapy Group	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR, JANUMET, JANUMET XR, JANUVIA
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	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	GIP AND GLP-1 AGONIST 676-D
Drug Names	MOUNJARO
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of metformin when the date of a metformin fill is AT LEAST 10 days prior to the claim for a GLP-1 receptor agonist or a GIP-GLP-1 receptor agonist within the past 180 days

Step Therapy Group	GLP-1 AGONIST 676-D
Drug Names	LIRAGLUTIDE, OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of metformin when the date of a metformin fill is AT LEAST 10 days prior to the claim for a GLP-1 receptor agonist or a GIP-GLP-1 receptor agonist 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	NY OTC ANTIFUNGALS TOPICAL 1079-D
Drug Names	CICLOPIROX, CICLOPIROX OLAMINE, CLOTRIMAZOLE, ECONAZOLE NITRATE, KETOCONAZOLE, 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	PENCICLOVIR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for oral acyclovir, valacyclovir, famciclovir OR OTC generic 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 HYDROCHLORIDE, ZERVIATE
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, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HYDROCHLORIDE E, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, TRAMADOL HYDROCHLORIDE 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 HYDROCHLORIDE
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/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, 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	ORAL CGRP RECEPTOR ANTAGONISTS 3481-E
Drug Names	QULIPTA, UBRELVY
Step Therapy Criteria	For Qulipta: Coverage will be provided if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days. For Ubrelvy: Coverage will be provided if the member has filled a prescription for at least a 30 day supply of two triptan 5-HT1 receptor agonists (include combinations) within the past 180 days.
Step Therapy Group	PDPD AUTOIMMUNE
Drug Names	ACTEMRA, ACTEMRA ACTPEN, SIMPONI
Step Therapy Criteria	For Ankylosing Spondylitis, must try adalimumab-adaz, adalimumab-fkjp, Cosentyx, Enbrel, Hyrimoz, Rinvoq. Targets: Simponi, Taltz, Xeljanz, Xeljanz XR. For Crohn's Disease, must try adalimumab-adaz, adalimumab-fkjp, Hyrimoz, Pyzchiva, Rinvoq, Skyrizi, Stelara, Tremfya, Yesintek. For Plaque Psoriasis, must try adalimumab-adaz, adalimumab-fkjp, Hyrimoz, Otezla, Pyzchiva, Skyrizi, Stelara, Taltz, Tremfya, Yesintek. Targets: Cosentyx, Enbrel. For Psoriatic Arthritis, must try adalimumab-adaz, adalimumab-fkjp, Cosentyx, Enbrel, Hyrimoz, Otezla, Rinvoq, Skyrizi, Tremfya. Targets: Simponi, Stelara, Taltz, Xeljanz, Xeljanz XR. For Rheumatoid Arthritis, must try adalimumab-adaz, adalimumab-fkjp, Enbrel, Hyrimoz, Kevzara, Rinvoq, Xeljanz, Xeljanz XR. Targets: Actemra/Actemra ACTPen, Simponi. For Ulcerative Colitis, must try adalimumab-adaz, adalimumab-fkjp, Hyrimoz, Pyzchiva, Rinvoq, Skyrizi, Stelara, Tremfya, Velsipity, Xeljanz, Xeljanz XR, Yesintek. Targets: Simponi.
Step Therapy Group	PDPD HEP C
Drug Names	SOVALDI
Step Therapy Criteria	Must try Epclusa, Harvoni, Vosevi.
Step Therapy Group	PDPD PARKINSON'S DISEASE
Drug Names	APOKYN
Step Therapy Criteria	Must try Inbrija

Step Therapy Group	PIMECROLIMUS 76-D
Drug Names	PIMECROLIMUS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 14 day supply of at least one corticosteroid of medium or higher potency within the past 180 days.
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 any two of the following: beta blocker, 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	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY 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	TACROLIMUS 1254-F
Drug Names	TACROLIMUS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 14 day supply of at least one corticosteroid of medium or higher potency within the past 180 days.
Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN
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 at least one generic SSRI product or at least one generic SSRI combination 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	VELPHORO 2048-D
Drug Names	VELPHORO
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of calcium acetate within the past 120 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.