

**Step Therapy Requirements
Effective March 1, 2019**

ANTIEMETICS STEP

Products Affected

Step 2:

- Sancuso 3.1 mg/24 hour transdermal patch
- Zuplenz 8 mg oral soluble film
- Zuplenz 4 mg oral soluble film

Details

Criteria	COVERAGE OF CERTAIN BRAND NAME ANTI-EMETIC MEDICATIONS REQUIRES A TRIAL OF BOTH GENERIC ONDANSETRON AND GENERIC GRANISETRON. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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ARB STEP

Products Affected

Step 2:

- Edarbi 40 mg tablet
- Edarbi 80 mg tablet
- Edarbyclor 40 mg-12.5 mg tablet
- Edarbyclor 40 mg-25 mg tablet

Details

Criteria	COVERAGE OF CERTAIN BRANDED ARBS AND ARB COMBOS REQUIRES A TRIAL OF TWO GENERIC ARB OR ARB COMBINATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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BRAND HMG STEP

Products Affected

Step 2:

- Altoprev 20 mg tablet,extended release
- Altoprev 40 mg tablet,extended release
- Altoprev 60 mg tablet,extended release

Details

Criteria	COVERAGE OF BRAND NAME STATINS (HMGS) REQUIRES A TRIAL OF TWO GENERIC STATIN MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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BRAND TOPICAL ANTIFUNGALS STEP

Products Affected

Step 2:

- Ertaczo 2 % topical cream
- Exelderm 1 % topical cream
- Exelderm 1 % topical solution
- Luzu 1 % topical cream
- Mentax 1 % topical cream
- Naftin 1 % topical gel
- Naftin 2 % topical gel
- Oxistat 1 % lotion

Details

Criteria	COVERAGE OF BRAND NAME TOPICAL ANTIFUNGALS REQUIRES A TRIAL OF TWO GENERIC TOPICAL ANTIFUNGAL MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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BRAND TOPICAL STEROIDS STEP

Products Affected

Step 2:

- Capex 0.01 % shampoo
- Cordran Tape Large Roll 4 mcg/cm²
- Desonate 0.05 % topical gel
- Enstilar 0.005 %-0.064 % topical foam
- Halog 0.1 % topical cream
- Halog 0.1 % topical ointment
- Impoyz 0.025 % topical cream
- Pandel 0.1 % topical cream
- Taclonex 0.005 %-0.064 % topical suspension
- Topicort 0.25 % topical spray

Details

Criteria	COVERAGE OF BRAND NAME TOPICAL STEROIDS REQUIRES A TRIAL OF TWO DIFFERENT GENERIC TOPICAL STEROID MEDICATIONS. IF TWO DIFFERENT GENERIC TOPICAL STEROID MEDICATIONS ARE NOT AVAILABLE TO TREAT A SPECIFIC DIAGNOSIS, THEN A TRIAL OF ONE GENERIC TOPICAL STEROID MEDICATION SATISFIES THIS REQUIREMENT. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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CUPRIMINE

Products Affected

Step 2:

- Cuprimine 250 mg capsule

Details

Criteria	COVERAGE OF CUPRIMINE REQUIRES A TRIAL OF DEPENDENT. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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INVEGA

Products Affected

Step 2:

- Invega Sustenna 117 mg/0.75 mL intramuscular syringe
- Invega Sustenna 156 mg/mL intramuscular syringe
- Invega Sustenna 234 mg/1.5 mL intramuscular syringe
- Invega Sustenna 39 mg/0.25 mL intramuscular syringe
- Invega Sustenna 78 mg/0.5 mL intramuscular syringe
- Invega Trinza 273 mg/0.875 mL intramuscular syringe
- Invega Trinza 410 mg/1.315 mL intramuscular syringe
- Invega Trinza 546 mg/1.75 mL intramuscular syringe
- Invega Trinza 819 mg/2.625 mL intramuscular syringe

Details

Criteria	COVERAGE OF INVEGA REQUIRES A TRIAL OF RISPERIDONE AND AT LEAST ONE OTHER ANTIPSYCHOTIC MEDICATION OR MOOD STABILIZER. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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LONG-ACTING OPIOID ANALGESIC STEP

Products Affected

Step 2:

- Belbuca 150 mcg buccal film
- Belbuca 300 mcg buccal film
- Belbuca 450 mcg buccal film
- Belbuca 600 mcg buccal film
- Belbuca 75 mcg buccal film
- Belbuca 750 mcg buccal film
- Belbuca 900 mcg buccal film
- buprenorphine 10 mcg/hour weekly transdermal patch
- buprenorphine 15 mcg/hour weekly transdermal patch
- buprenorphine 20 mcg/hour weekly transdermal patch
- buprenorphine 5 mcg/hour weekly transdermal patch
- Butrans 10 mcg/hour transdermal patch
- Butrans 15 mcg/hour transdermal patch
- Butrans 20 mcg/hour transdermal patch
- Butrans 5 mcg/hour transdermal patch
- Butrans 7.5 mcg/hour transdermal patch
- Embeda 100 mg-4 mg capsule, extend release, oral only
- Embeda 20 mg-0.8 mg capsule, extend release, oral only
- Embeda 30 mg-1.2 mg capsule, extend release, oral only
- Embeda 50 mg-2 mg capsule, extend release, oral only
- Embeda 60 mg-2.4 mg capsule, extend release, oral only
- Embeda 80 mg-3.2 mg capsule, extend release, oral only
- fentanyl 100 mcg/hr transdermal patch
- fentanyl 12 mcg/hr transdermal patch
- fentanyl 25 mcg/hr transdermal patch
- fentanyl 37.5 mcg/hour transdermal patch
- fentanyl 50 mcg/hr transdermal patch
- fentanyl 62.5 mcg/hour transdermal patch
- fentanyl 75 mcg/hr transdermal patch
- fentanyl 87.5 mcg/hour transdermal patch
- hydromorphone ER 12 mg tablet, extended release 24 hr
- hydromorphone ER 16 mg tablet, extended release 24 hr
- hydromorphone ER 32 mg tablet, extended release 24 hr
- hydromorphone ER 8 mg tablet, extended release 24 hr
- Hysingla ER 100 mg tablet, crush resistant, extended release
- Hysingla ER 120 mg tablet, crush resistant, extended release
- Hysingla ER 20 mg tablet, crush resistant, extended release
- Hysingla ER 30 mg tablet, crush resistant, extended release
- Hysingla ER 40 mg tablet, crush resistant, extended release
- Hysingla ER 60 mg tablet, crush resistant, extended release
- Hysingla ER 80 mg tablet, crush resistant, extended release
- morphine ER 10 mg capsule, extended release pellets
- morphine ER 100 mg capsule, extended release pellets
- morphine ER 100 mg tablet, extended release
- morphine ER 120 mg capsule, extended release 24 hr multiphase
- morphine ER 15 mg tablet, extended release
- morphine ER 20 mg capsule, extended release pellets
- morphine ER 200 mg tablet, extended release
- morphine ER 30 mg capsule, extended release 24 hr multiphase
- morphine ER 30 mg capsule, extended release pellets

- morphine ER 30 mg tablet,extended release
- morphine ER 40 mg capsule,extended release pellets
- morphine ER 45 mg capsule,extended release 24 hr multiphase
- morphine ER 50 mg capsule,extended release pellets
- morphine ER 60 mg capsule,extended release 24 hr multiphase
- morphine ER 60 mg capsule,extended release pellets
- morphine ER 60 mg tablet,extended release
- morphine ER 75 mg capsule,extended release 24 hr multiphase
- morphine ER 80 mg capsule,extended release pellets
- morphine ER 90 mg capsule,extended release 24 hr multiphase
- Nucynta ER 100 mg tablet,extended release
- Nucynta ER 150 mg tablet,extended release
- Nucynta ER 200 mg tablet,extended release
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- Nucynta ER 50 mg tablet,extended release
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- oxymorphone ER 40 mg tablet,extended release,12 hr
- oxymorphone ER 5 mg tablet,extended release,12 hr
- oxymorphone ER 7.5 mg tablet,extended release,12 hr
- tramadol ER 100 mg capsule 24h,extended release(25-75)
- tramadol ER 100 mg tablet,extended release 24 hr
- tramadol ER 100 mg tablet,extended release 24hr mphase
- tramadol ER 200 mg capsule 24h,extended release(25-75)
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- tramadol ER 300 mg capsule 24 hr,extended release
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- Xtampza ER 13.5 mg capsule sprinkle
- Xtampza ER 18 mg capsule sprinkle

- Xtampza ER 27 mg capsule sprinkle
- Xtampza ER 36 mg capsule sprinkle
- Xtampza ER 9 mg capsule sprinkle
- Zohydro ER 10 mg capsule, oral only,extended release
- Zohydro ER 15 mg capsule, oral only,extended release
- Zohydro ER 20 mg capsule, oral only,extended release
- Zohydro ER 30 mg capsule, oral only,extended release
- Zohydro ER 40 mg capsule, oral only,extended release
- Zohydro ER 50 mg capsule, oral only,extended release

Details

Criteria	DUE TO SAFETY CONCERNS REGARDING THE USE OF LONG-ACTING OPIOID PAIN MEDICATIONS IN PATIENTS WITHOUT PRIOR OPIATE USE, COVERAGE OF LONG-ACTING OPIATES REQUIRES DOCUMENTATION OF PRIOR USE OF AN OPIATE ANALGESIC (LONG OR SHORT-ACTING) DURING THE PREVIOUS 45 DAYS. IF A SHORT OR LONG-ACTING OPIOID MEDICATION APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 45 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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SAVELLA STEP

Products Affected

Step 2:

- Savella 100 mg tablet
- Savella 12.5 mg (5)-25 mg(8)-50mg(42) tablets in a dose pack
- Savella 12.5 mg tablet
- Savella 25 mg tablet
- Savella 50 mg tablet

Details

Criteria	COVERAGE OF SAVELLA REQUIRES A TRIAL OF DULOXETINE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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SOOLANTRA

Products Affected

Step 2:

- Soolantra 1 % topical cream

Details

Criteria	COVERAGE OF SOOLANTRA REQUIRES A TRIAL OF ONE GENERIC TOPICAL METRONIDAZOLE PRODUCT. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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TRELEGY ELLIPTA STEP

Products Affected

Step 2:

- Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation

Details

Criteria	COVERAGE OF TRELEGY ELLIPTA REQUIRES A TRIAL OF ONE PREFERRED LONG-ACTING MUSCARINIC RECEPTOR ANTAGONIST (LAMA) OR ONE PREFERRED LONG-ACTING MUSCARINIC RECEPTOR ANTAGONIST/LONG-ACTING BETA AGONIST (LAMA/LABA) OR ONE PREFERRED LONG-ACTING BETA AGONIST/INHALED CORTICOSTEROID (LABA/ICS). IF A REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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TRIENTINE STEP

Products Affected

Step 2:

- trientine 250 mg capsule

Details

Criteria	COVERAGE OF TRIENTINE REQUIRES A TRIAL OF DEPEN. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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TRIPTAN INJECTABLE STEP

Products Affected

Step 2:

- Zembrace Symtouch 3 mg/0.5 mL subcutaneous pen injector

Details

Criteria	COVERAGE OF CERTAIN BRAND NAME INJECTABLE TRIPTAN MEDICATIONS REQUIRES A TRIAL OF A GENERIC SUMATRIPTAN INJECTABLE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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TRIPTAN STEP

Products Affected

Step 2:

- Onzetra Xsail 11 mg powder for nasal inhalation
- Treximet 10 mg-60 mg tablet

Details

Criteria	COVERAGE OF CERTAIN BRAND NAME TRIPTAN MEDICATIONS REQUIRES A TRIAL OF TWO GENERIC TRIPTAN MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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ULORIC STEP

Products Affected

Step 2:

- Uloric 40 mg tablet
- Uloric 80 mg tablet

Details

Criteria	COVERAGE OF ULORIC REQUIRES A TRIAL OF GENERIC ALLOPURINOL. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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ZELAPAR STEP

Products Affected

Step 2:

- Zelapar 1.25 mg disintegrating tablet

Details

Criteria	COVERAGE OF ZELAPAR REQUIRES A TRIAL OF ORAL SELEGILINE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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ZYFLO, ZILEUTON ER STEP

Products Affected

Step 2:

- zileuton ER 600 mg tablet, extended release 12hr mphase
- Zyflo 600 mg tablet

Details

Criteria	COVERAGE OF ZYFLO OR ZILEUTON ER REQUIRES TRIALS OF BOTH ORAL MONTELUKAST AND ZAFIRLUKAST. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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