Step Therapy Criteria

Step Therapy Group	ANTIEMETICS
Drug Names	GRANISETRON HCL, SANCUSO
Step Therapy Criteria	You are required to have previous therapy with oral ondansetron before we will cover granisetron oral tablet or granisetron transdermal (Sancuso).

Step Therapy Group	BISPHOSPHONATES
Drug Names	RISEDRONATE SODIUM, RISEDRONATE SODIUM DR
Step Therapy Criteria	You are required to have previous therapy with a generic oral bisphosphonate (e.g. alendronate or ibandronate) before we will cover risedronate (generic for Actonel or Atelvia).

Step Therapy Group	CLONAZEPAM ODT
Drug Names	CLONAZEPAM ODT
Step Therapy Criteria	You are required to have previous therapy with clonazepam before we will cover clonazepam ODT.

Step Therapy Group	CLOZAPINE ODT
Drug Names	CLOZAPINE ODT
Step Therapy Criteria	You are required to have previous therapy with clozapine tablets before we will cover clozapine ODT (Fazaclo).

Step Therapy Group	DESVENLAFAXINE
Drug Names	DESVENLAFAXINE ER
Step Therapy Criteria	You are required to have previous therapy with venlafaxine (IR or ER) AND 1 selective serotonin reuptake inhibitor (SSRI) such as sertraline or paroxetine before we will cover desvenlafaxine ER.

Step Therapy Group	FEBUXOSTAT
Drug Names	ULORIC
Step Therapy Criteria	You are required to have previous therapy with allopurinol before we will cover febuxostat (Uloric).

Step Therapy Group	FIDAXOMICIN
Drug Names	DIFICID
Step Therapy Criteria	You are required to have previous therapy with oral or intravenous vancomycin or oral metronidazole before we will cover fidaxomicin (Dificid).

Step Therapy Group	HYPNOTIC
Drug Names	ZALEPLON, ZOLPIDEM TARTRATE
Step Therapy Criteria	You are required to have previous therapy with 1 of the following medications before we will cover zolpidem or zaleplon: trazodone, Rozerem, or Silenor.

Step Therapy Group	OPHTHALMIC PROSTAGLANDINS
Drug Names	BIMATOPROST, TRAVATAN Z, ZIOPTAN
Step Therapy Criteria	You are required to have previous therapy with latanoprost before we will cover bimatoprost, Travatan Z, or tafluprost (Zioptan).

Step Therapy Group	PROTON PUMP INHIBITORS
Drug Names	DEXILANT
Step Therapy Criteria	You are required to have previous therapy with prescription omeprazole, lansoprazole, or pantoprazole before we will cover dexlansoprazole (Dexilant).

Step Therapy Group	SYMLIN
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	You are required to have previous therapy with insulin before we will cover Symlin.

Step Therapy Group	TEKTURNA
Drug Names	TEKTURNA, TEKTURNA HCT
Step Therapy Criteria	You are required to have previous therapy with an angiotensin-converting enzyme (ACE) inhibitor (e.g. lisinopril), or an ACE inhibitor combination product (e.g. lisinopril-HCTZ), or an angiotensin II Receptor Blocker (ARB)(e.g. Losartan), or an ARB combination product (e.g. Losartan-HCT) before we will cover Tekturna or Tekturna HCT.

Step Therapy Group	TERIPARATIDE
Drug Names	FORTEO
Step Therapy Criteria	You are required to have previous therapy with a bisphosphonate (e.g. alendronate) or raloxifene before we will cover teriparatide (Forteo).