

## Step Therapy Criteria

<b>Step Therapy Group</b>	ALPRAZOLAM ER
<b>Drug Names</b>	ALPRAZOLAM ER
<b>Step Therapy Criteria</b>	You are required to have previous therapy with alprazolam immediate-release before we will cover alprazolam extended-release.
<b>Step Therapy Group</b>	ANTIEMETICS
<b>Drug Names</b>	SANCUSO
<b>Step Therapy Criteria</b>	You are required to have previous therapy with oral ondansetron before we will cover granisetron transdermal (Sancuso).
<b>Step Therapy Group</b>	BISPHOSPHONATES
<b>Drug Names</b>	RISEDRONATE SODIUM, RISEDRONATE SODIUM DR
<b>Step Therapy Criteria</b>	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).
<b>Step Therapy Group</b>	CLONAZEPAM ODT
<b>Drug Names</b>	CLONAZEPAM ODT
<b>Step Therapy Criteria</b>	You are required to have previous therapy with clonazepam before we will cover clonazepam ODT.
<b>Step Therapy Group</b>	CLOZAPINE ODT
<b>Drug Names</b>	CLOZAPINE ODT
<b>Step Therapy Criteria</b>	You are required to have previous therapy with clozapine tablets before we will cover clozapine ODT (Fazaclo).
<b>Step Therapy Group</b>	DESVENLAFAXINE
<b>Drug Names</b>	DESVENLAFAXINE ER
<b>Step Therapy Criteria</b>	You are required to have previous therapy with venlafaxine (IR or ER) AND 1 selective serotonin reuptake inhibitor (SSRI) such as sertraline or citalopram before we will cover desvenlafaxine ER.
<b>Step Therapy Group</b>	FEBUXOSTAT
<b>Drug Names</b>	FEBUXOSTAT
<b>Step Therapy Criteria</b>	You are required to have previous therapy with allopurinol before we will cover febuxostat (Uloric).
<b>Step Therapy Group</b>	FIDAXOMICIN
<b>Drug Names</b>	DIFICID
<b>Step Therapy Criteria</b>	You are required to have previous therapy with oral or intravenous vancomycin or oral metronidazole before we will cover fidaxomicin (Difcid).

<b>Step Therapy Group</b>	FLUOXETINE TABLET
<b>Drug Names</b>	FLUOXETINE HYDROCHLORIDE
<b>Step Therapy Criteria</b>	You are required to have previous therapy with fluoxetine capsule before we will cover fluoxetine tablet.
<b>Step Therapy Group</b>	ICOSAPENT ETHYL
<b>Drug Names</b>	VASCEPA
<b>Step Therapy Criteria</b>	You are required to have previous therapy with omega-3-acid ethyl esters before we will cover Vascepa.
<b>Step Therapy Group</b>	MIGRAINE NASAL SPRAY
<b>Drug Names</b>	DIHYDROERGOTAMINE MESYLAT, SUMATRIPTAN
<b>Step Therapy Criteria</b>	You are required to have previous therapy with a generic oral triptan (e.g., sumatriptan or rizatriptan) before we will cover dihydroergotamine or sumatriptan nasal spray.
<b>Step Therapy Group</b>	OPHTHALMIC ANTIHISTAMINES
<b>Drug Names</b>	ALOCRIIL, ALOMIDE, BEPOTASTINE BESILATE, BEPREVE, EPINASTINE HCL
<b>Step Therapy Criteria</b>	Pending CMS Review
<b>Step Therapy Group</b>	OPHTHALMIC BETA BLOCKERS
<b>Drug Names</b>	BETIMOL, BETOPTIC-S
<b>Step Therapy Criteria</b>	You are required to have previous therapy with generic ophthalmic timolol before we will cover Betimol or Betoptic.
<b>Step Therapy Group</b>	OPHTHALMIC PROSTAGLANDINS
<b>Drug Names</b>	BIMATOPROST, TRAVOPROST, ZIOPTAN
<b>Step Therapy Criteria</b>	You are required to have previous therapy with latanoprost before we will cover bimatoprost, travoprost, or tafluprost (Zioptan).
<b>Step Therapy Group</b>	PENCICLOVIR
<b>Drug Names</b>	DENAVIR
<b>Step Therapy Criteria</b>	You are required to have previous therapy with acyclovir ointment before we will cover penciclovir (Denavir).
<b>Step Therapy Group</b>	RIOMET
<b>Drug Names</b>	METFORMIN HYDROCHLORIDE
<b>Step Therapy Criteria</b>	You are required to have previous therapy with metformin tablet before we will cover metformin solution.
<b>Step Therapy Group</b>	SYMLIN
<b>Drug Names</b>	SYMLINPEN 120, SYMLINPEN 60
<b>Step Therapy Criteria</b>	You are required to have previous therapy with insulin before we will cover Symlin.

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TEKTURNA

ALISKIREN, TEKTURNA HCT

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 aliskiren or Tekturna HCT.

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ZALEPLON

ZALEPLON

You are required to have previous therapy with trazodone, ramelteon, or doxepin (Silenor) before we will cover zaleplon.