

**Step Therapy Requirements
Effective April 1, 2020**

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
- luliconazole 1 % topical cream
- 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
- halobetasol propionate 0.05 % topical foam
- Halog 0.1 % topical cream
- Halog 0.1 % topical ointment
- Impoyz 0.025 % topical cream
- Lexette 0.05 % topical foam
- Pandel 0.1 % topical cream

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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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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PENICILLAMINE STEP

Products Affected

Step 2:

- penicillamine 250 mg capsule

Details

Criteria	Under CMS Review
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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:

- ivermectin 1 % topical cream
- Soolantra 1 % topical cream

Details

Criteria	COVERAGE OF SOOLANTRA/IVERMECTIN TOPICAL CREAM 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

Under CMS Review.

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

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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VELTASSA STEP

Products Affected

Step 2:

- Veltassa 16.8 gram oral powder packet
- Veltassa 25.2 gram oral powder packet
- Veltassa 8.4 gram oral powder packet

Details

Criteria	COVERAGE OF VELTASSA REQUIRES A TRIAL OF LOKELMA. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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XHANCE STEP

Products Affected

Step 2:

- Xhance 93 mcg/actuation breath activated aerosol

Details

Criteria	COVERAGE OF XHANCE REQUIRES A TRIAL OF MOMETASONE NASAL SPRAY. 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
- Zflo 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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