



2019 Step Therapy Criteria

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ANGIOTENSIN RECEPTOR BLOCKERS

Affected Drugs

STEP 1 DRUGS

amlodipine/valsartan
benazepril
benazepril/amlodipine besylate
benazepril/hctz
captopril
captopril/hctz
enalapril
enalapril maleate/hctz
fosinopril
fosinopril/hctz
irbesartan
irbesartan/hctz
lisinopril
lisinopril/hctz
losartan
losartan /hctz
moexipril
moexipril/hctz
olmesartan
olmesartan/hctz
perindopril erbumine
quinapril
quinapril/hctz
ramipril
trandolapril
valsartan
valsartan/hctz

STEP 2 DRUGS

amlodipine/olmesartan
amlodipine/valsartan/hctz

The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

ANTIDEPRESSANTS

Affected Drugs

STEP 1 DRUGS

citalopram
escitalopram oxalate
fluoxetine
paroxetine
sertraline
venlafaxine ir/er

STEP 2 DRUGS

DESVENLAFAXINE ER®
desvenlafaxine succinate er
FETZIMA®
FETZIMA TITRATION PACK®
KHEDEZLA®

This Step Therapy Group is applicable to new starts. The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 365 days.

ANTIDEPRESSANTS, MISCELLANEOUS

Affected Drugs

STEP 1 DRUGS

citalopram
duloxetine
escitalopram
fluoxetine
paroxetine
sertraline
venlafaxine ir/er

STEP 2 DRUGS

TRINTELLIX®

This Step Therapy Group is applicable to new starts. The use of at least two Step 1 drugs is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 365 days.

ANTIDEPRESSANTS, OTHER

Affected Drugs

STEP 1 DRUGS

citalopram
escitalopram oxalate
fluoxetine
paroxetine
sertraline

STEP 2 DRUGS

VIIBRYD®
VIIBRYD STARTER PACK®

This Step Therapy Group is applicable to new starts. The use of at least two Step 1 drugs is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 365 days.

ANTIDIABETIC AGENTS

Affected Drugs

STEP 1 DRUGS

metformin
metformin er

STEP 2 DRUGS

FARXIGA®
INVOKANA®

The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for a Step 1 drug is 130 days.

ANTIGOUT AGENTS

Affected Drugs

STEP 1 DRUGS

allopurinol

STEP 2 DRUGS

ULORIC®

The use of a Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for a Step 1 drug is 130 days.

ANTIHYPERTENSIVE AGENTS

Affected Drugs

STEP 1 DRUGS

amlodipine/valsartan
benazepril
benazepril/amlodipine besylate
benazepril/hctz
captopril
captopril/hctz
enalapril
enalapril maleate/hctz
fosinopril
fosinopril/hctz
irbesartan
irbesartan/hctz
lisinopril
lisinopril/hctz
losartan
losartan /hctz
moexipril
moexipril/hctz
olmesartan
olmesartan/hctz
perindopril erbumine
quinapril
quinapril/hctz
ramipril
trandolapril
valsartan
valsartan/hctz

STEP 2 DRUGS

TEKTURNA HCT®
TEKTURNA®

The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

ATYPICAL ANTIPSYCHOTICS

Affected Drugs

STEP 1 DRUGS

olanzapine/odt
quetiapine fumarate
risperidone/odt
ziprasidone oral

STEP 2 DRUGS

aripiprazole
FANAPT®
FANAPT® TITRATION PACK
LATUDA®
paliperidone er
quetiapine fumarate er
REXULTI®
SAPHRIS®
SEROQUEL XR®
VRAYLAR™

This Step Therapy Group is applicable to new starts. The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 365 days. A trial of at least one step 1 drug is not required if Aripiprazole or Quetiapine ER or Seroquel XR or Rexulti will be used as an adjunctive treatment for major depression (this process will be automated: the member's claims history will be utilized). A trial of at least one step 1 drug is not required if Aripiprazole will be used for the treatment of Tourette's disorder (this process will be automated: the member's claims history will be utilized).

BISPHOSPHONATES

Affected Drugs

STEP 1 DRUGS

alendronate
ibandronate oral

STEP 2 DRUGS

risedronate oral

The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

INVOKAMET

Affected Drugs

STEP 1 DRUGS

INVOKANA®

metformin

metformin ER

STEP 2 DRUGS

INVOKAMET®

INVOKAMET XR®

The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Affected Drugs

STEP 1 DRUGS

diclofenac potassium
diclofenac sodium ec/er
diflunisal
etodolac/er
ibuprofen
meloxicam
nabumetone
naproxen/ec
naproxen sodium
piroxicam
sulindac

STEP 2 DRUGS

celecoxib

The use of at least two Step 1 drugs is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 180 days. A trial of two generic NSAIDs is not required if celecoxib will be used in patients on any of the following: warfarin, Coumadin, Jantoven, Pradaxa, Eliquis or Xarelto (this process will be automated: the members claims history will be utilized).

OPHTHALMIC ANTIGLAUCOMA AGENTS

Affected Drugs

STEP 1 DRUGS

brimonidine tartrate

carteolol

levobunolol

metipranolol

timolol soln

STEP 2 DRUGS

COMBIGAN®

The use of at least one Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 130 days.

OPHTHALMIC ANTIGLAUCOMA AGENTS, OTHER

Affected Drugs

STEP 1 DRUGS

latanoprost

STEP 2 DRUGS

LUMIGAN®

The use of a Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for a Step 1 drug is 130 days.

PROTON PUMP INHIBITORS

Affected Drugs

STEP 1 DRUGS

lansoprazole
omeprazole
pantoprazole

STEP 2 DRUGS

esomeprazole magnesium caps

The use of at least one Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 130 days.

SMOKING CESSATION AGENTS

Affected Drugs

STEP 1 DRUGS

bupropion SR 150 mg

STEP 2 DRUGS

CHANTIX®

CHANTIX STARTING PACK®

CHANTIX CONTINUING PACK®

The use of a Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for a Step 1 drug is 130 days.

XIGDUO XR

Affected Drugs

STEP 1 DRUGS

FARXIGA®

metformin

metformin ER

STEP 2 DRUGS

XIGDUO XR®

The use of at least one Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 130 days.