

Step Therapy is a program designed to encourage appropriate utilization of lowest-net-cost medications for chronic medical conditions, helping to control healthcare costs. Step Therapy is a series of steps or medications that must be tried in a specific order. We review the prescription claim history for specific medications before the current claim can be processed to ensure the previous step has been met.

\*Plan Design and Formulary Placement may affect coverage of medications listed. They supercede step therapy.

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Standard</b>				
<b>Pepcid</b>	GERD	cimetidine, famotidine, nizatidine	Pepcid (Rx only)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Accrufer</b>	Iron Deficiency	ferrous sulfate, ferrous gluconate, ferrous fumarate	Accrufer	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Auryxia</b>	Phosphate-Removing Agent	<b>Iron deficiency anemia:</b> ferrous sulfate, ferrous gluconate, ferrous fumarate  <b>Hyperphosphatemia:</b> calcium acetate, sevelamer, lanthanum carbonate	Auryxia	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nitroglycerin</b>	Angina	nitroglycerin patch and sublingual tablets	Nitrostat, Nitrolingual, Nitro-DUR, Gonitro, nitroglycerin translingual spray	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Calcitriol</b>	Hyperparathyroidism	calcitriol capsules	Rocaltrol capsules and solution, Zemplar capsules, calcitriol 1 mcg/mL solution, doxercalciferol capsules, paricalcitol capsules	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Zonisamide</b>	Focal (Partial) Onset Seizures	zonisamide	Zonegran, Zonisade	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical Plaque Psoriasis</b>	Plaque Psoriasis	calcipotriene cream, solution, and ointment, generic topical corticosteroids: i.e., triamcinolone, halobetasol, fluocinonide, betamethasone, etc.	Vtama, Zoryve	Approve second line medication if patient has tried at least 2 different first line medications, each for a 30 day trial, within 180 days
<b>Entadfi</b>	BPH	Generic BPH meds e.g., tamsulosin, doxazosin, dutasteride, finasteride PLUS tadalafil 5mg	Entadfi	Approve second line medication if patient has tried at least 2 different first line medications, one of which is tadalafil 5mg, each for a 30 day trial, within 180 days
<b>Ryaltris</b>	Allergic Rhinitis	olopatadine nasal, azelastine nasal, flunisolide, fluticasone propionate nasal spray, triamcinolone, mometasone	Ryaltris	Approve second line medication if patient has tried at least 2 different first line medications, each for a 30 day trial, within 180 days
<b>Verkazia</b>	Vernal Keratoconjunctivitis	olopatadine, azelastine, epinastine, ketotifen	Verkazia	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nausea and Vomiting of Pregnancy</b>	Nausea and Vomiting of Pregnancy	doxylamine/pyridoxine	Diclegis, Bonjesta	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

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<b>Loop Diuretics</b>	Edema	bumetanide, furosemide, torsemide	Bumex, Edecrin, Furoscix, Lasix, Soaanz	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Vivjoa</b>	Recurrent Vulvovaginal Candidiasis (RVVC)	fluconazole, itraconazole, ketoconazole	Vivjoa	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Amiodarone</b>	Arrhythmias	amiodarone 200mg	amiodarone 400mg, pacerone 400mg	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nitrates</b>	Angina Pectoris	isosorbide dinitrate (excluding 40mg)	isosorbide dinitrate 40mg	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Absorica</b>	Acne	Amnesteem, Claravis, isotretinoin, Zenatane	Absorica	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Adapalene</b>	Acne	adapalene gel/cream	Differin, adapalene pads and solution	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Benzoyl Peroxide</b>	Acne	benzoyl peroxide	BenzePrO	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Benzoyl Peroxide Foam</b>	Acne	benzoyl peroxide foam (Rx)	Riax	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Dapsone</b>	Acne	erythromycin soln and gel, clindamycin (multi-source), erythromycin/benzoyl and clindamycin combo product (clindamycin/benzoyl), dapsone	Aczone, clindamycin gel (single-source), Amzeeq, Azelex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Sulfacetamide/Sulfur</b>	Acne	sodium sulfacetamide/sulf	Avar, Plexion, Rosanil, Sumadan, Sumaxin, Ovace, Ovace Plus, Prascion	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical Clindamycin</b>	Acne	clindamycin (multi-source)	Cleocin-T, Clindagel, Evoclin, clindamycin gel (single-source)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Tretinoin</b>	Acne	tretinoin, tretinoin microsphere	Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Akliel	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Winlevi</b>	Acne	Generics: i.e., adapalene, benzoyl peroxide, clindamycin, erythromycin, tazarotene foam, tretinoin, etc.	Winlevi	Approve second line medication if patient has at least 2 different first line medications for a 30 day trial within 180 days
<b>Topical Acne Combinations</b>	Acne Combinations	benzoyl peroxide, adapalene gel/cream	Epiduo, Plixda	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Topical Acne/ Antibiotic Combinations</b>	Acne/ Antibiotics	clindamycin/benzoyl peroxide, clindamycin plus tretinoin, Onexton	BenzaClin, Veltin, Duac, Ziana, Aktipak, Acanya, Twyneo, Neuac	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Actinic Keratosis</b>	Actinic Keratosis	diclofenac 3%	Solaraze, Ormecca	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Microtubule Inhibitor</b>	Actinic Keratosis	diclofenac 3% gel, imiquimod, fluorouracil cream	Klisyri	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>ADHD Extended Release</b>	ADHD	Generic ADHD extended-release meds: i.e., amphetamine/dextroamphetamine XR, methylphenidate ER, dextroamphetamine ER, etc.	Brand ADHD extended-release meds (excluding Vyvanse and Quillivant XR): i.e., Concerta, Focalin XR, Ritalin LA, Intuniv, Daytrana, Adderall XR, Dexedrine, Qelbree, etc.	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>ADHD Immediate Release</b>	ADHD	Generic ADHD immediate-release meds: i.e., amphetamine/dextroamphetamine, methylphenidate, dextroamphetamine, etc.	Brand ADHD immediate-release meds: i.e., Desoxyn, Focalin, Ritalin, Adderall, Zenzedi, Evekeo, etc.	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Relexxii</b>	ADHD	methylphenidate tab er osmotic release (osm) 36mg	Relexxii, methylphenidate tab er osmotic release (osm) 72mg	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days*  <i>Medical reason must be provided for why the patient cannot use 2 of the 36mg strength as an alternative to the 72mg strength.</i>

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<b>Decongestant and Antihistamine</b>	Allergy	promethazine-phenylephrine	Semprex-D, DeconA, Relhist	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Ethanolamine Derivatives - Antihistamine</b>	Allergy	carbinoxamine 4mg	Step 2: Karbinal ER, Ryvent Step 3: carbinoxamine 6mg	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Intranasal Steroids (Nasal Steroid)</b>	Allergy	flunisolide, fluticasone propionate nasal spray, triamcinolone, mometasone	Single-source brands Beconase AQ, Nasacort AQ, Rhinocort Aqua, Veramyst, Omnaris, Flonase, Nasarel, Zetonna, Dymista, Nasonex, Qnasl, Xhance	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days. Exceptions can be made for Rhinocort Aqua if the patient is pregnant. All of the nasal steroid formulations are pregnancy category C except for Rhinocort Aqua, which is pregnancy category B
<b>Non-Sedating Antihistamines</b>	Allergy	fexofenadine, levocetirizine, desloratadine, cetirizine, terfenadine, loratadine	Clarinet, Xyzal, Allegra, Zyrtec	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Allergic Ophthalmics</b>	Allergy Ophthalmics	azelastine, cromolyn, epinastine, ketotifen, olopatadine, Pazeo	Alocril, Alomide, Alaway, Bepreve, Elestat, Emadine, Lastacaft, Pataday, Patanol	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Alzheimer</b>	Alzheimer's Disease	Generics: i.e., memantine, donepezil, galantamine	Aricept, Aricept ODT, Cognex, Razadyne, Razadyne ER, Exelon Oral and Topical, Reminyl, Namenda, Namzaric, Adlarity	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Cycloplegic Mydriatics</b>	Amblyopia	tropicamide, cyclopentolate, atropine sulfate ophth soln	Isopto Atropine, Cyclomydril, Cyclogyl	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Analgesic - Butalbital</b>	Analgesic	butalbital/acetaminophen	Bupap, Allzital, Esgic, Fioricet, Fiorinal, Vanatol LQ, Vanatol S, Vtol LQ, Zebutal	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Epinephrine Auto-Injectors</b>	Anaphylaxis	Epipen Jr., epinephrine (excluding amneal manufacturer), Symjepi	Auvi-Q, Adrenacllick, Adrenalin, Episnap, Ery Kit, Epipen, epinephrine (amneal)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Exceptions can be made for Auvi-Q for patients or their caregivers who are blind or significantly visually impaired.
<b>Nitro-Time</b>	Angina	nitroglycerin ER	Nitro-Time	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Ranexa</b>	Angina	ranolazine	Ranexa, Aspruzyo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Fluoroquinolones</b>	Antibiotics	generics: i.e., levofloxacin, ciprofloxacin, moxifloxacin	Brands: i.e., Levaquin, Avelox, Cipro, Cipro XR, Floxin, Maxaquin, Noroxin, Tequin	Approve second line medication if patient has at least a 14 day trial of a first line medication within 60 days
<b>Suprax</b>	Antibiotics	cefixime	Suprax	Approve second line medication if patient has at least a 14 day trial of a first line medication within 60 days

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<b>Anticoagulants</b>	Anticoagulant	Eliquis, Xarelto	Pradaxa, Savaysa	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Lomotil</b>	Antidiarrheal	diphenoxylate/atropine	Lomotil	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antifungal - Oral</b>	Antifungals	flucytosine	Ancobon	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antifungals - Oral Azole</b>	Antifungals	fluconazole, ketoconazole, itraconazole, voriconazole, Noxafil	Diflucan, Vfend, Sporanox, Onmel, Cresemba, Tolsura	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Anti-Seborrheic Product</b>	Anti-Infective Shampoo	selenium sulfide shampoo	Selrx	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antimalarial</b>	Antimalarial	chloroquine, hydroxychloroquine, mefloquine, primaquine, quinine	Arakoda, Krintafel, Plaquenil	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Antinausea Misc</b>	Antinausea	scopolamine td	Transderm Scop	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Benzodiazepines</b>	Anxiety	Generics (excluding quazepam): i.e., alprazolam, diazepam, lorazepam, oxazepam, chlorazepate dipotassium, chlordiazepoxide, clonazepam	Xanax, Valium, Ativan, Tranxene, Librium, Serax, Paxipam, Niravam, Doral, quazepam, Klonopin, alprazolam intensol	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
<b>Combination Beta 2 Agonist/ Corticosteroid Inhaler</b>	Asthma	fluticasone/salmeterol (generic AirDuo), Advair HFA, Breo Ellipta, Dulera, Symbicort, Stiolto, Trelegy, Anoro, Advair Diskus	Duaklir, Wixela, fluticasone/salmeterol diskus, Airduo, Bevespi, Utibron	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Exceptions can be made for Advair Diskus in patients < 12 years of age. Exceptions can be made for Advair Diskus or Breo Ellipta in patients who are unable to coordinate breath and actuation with a metered-dose inhaler (MDI).
<b>Inhaled Corticosteroids</b>	Asthma	Asmanex HFA and Twisthaler, Arnuity, Qvar, Flovent Diskus/HFA, budesonide inhalation susp	Alvesco, Aerospan, Pulmicort Flexhaler, Armonair, Pulmicort Inhalation Susp	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Leukotrienes</b>	Asthma	zafirlukast, montelukast	Singulair, Accolate, Zyflo, Zyflo CR, zileuton er	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Short-Acting Inhaled Bronchodilators</b>	Asthma	albuterol hfa (multi-source generic)	Proventil HFA, Xopenex HFA, levalbuterol hfa, ProAir HFA, ProAir RespiClick, Ventolin HFA, albuterol hfa (single-source generic)	Must try and fail at least a 25 day trial of one first line medication within the last 180 days.
<b>Atopic Dermatitis</b>	Atopic Dermatitis	doxepin cream	Zonalon, Prudoxin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Immunomodulating Agents, Topical</b>	Atopic Dermatitis	Corticosteroids, Topical: Generic only: i.e., betamethasone, desoximetasone, halobetasol, etc. and Eucrisa	Step 2: Elidel, Protopic Step 3: Opzelura	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Slynd</b>	Birth Control	Generic progestin-only birth control products: i.e., norethindrone, Camila, Errin, Nora-BE, etc.	Slynd	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>5 Alpha Reductase Inhibitors</b>	BPH	finasteride, dutasteride	Avodart, Proscar	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Alpha 1 Adrenoceptor</b>	BPH	alfuzosin er, tamsulosin	Uroxatral, Rapaflo, Cardura, Cardura XL, Flomax	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>5 Alpha Reductase Inhibitors Combination</b>	BPH Combinations	tamsulosin/dutasteride	Jalyn	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Opioid Agonist</b>	Buprenorphine	buprenorphine oral, buprenorphine/naloxone, Belbuca	Bunavail, Suboxone, Butrans, Zubsolv, buprenorphine td	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Cachexia</b>	Cachexia	megestrol acetate susp 40mg/mL	Megace ES, Megace, megestrol acetate susp 625mg/5mL	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Cardiac Failure</b>	Cardiac Failure	isosorbide dinitrate, hydralazine	Bidil	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Carnitine Deficiency Agents</b>	Carnitine Deficiency Agents	levocarnitine	Carnitor, Carnitor SF	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Bile Acid Sequestrants</b>	Cholesterol	colesevelam, cholestyramine powder	Welchol, Prevalite, Questran, cholestyramine powder packets, cholestyramine light powder packets	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Fibrates</b>	Cholesterol	gemfibrozil, fenofibrate (excluding 120mg tablet), Lipofen	Lofibra, Lopid, Triglide, Fenoglide, Tricor, Fibricor, Antara, Trilipix, fenofibrate 120mg tablet	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Lovaza</b>	Cholesterol	omega-3-acid ethyl esters	Lovaza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nicotinic Acid Derivatives</b>	Cholesterol	niacin er	Niaspan, Niacor, niacin 500mg tablet	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Statins</b>	Cholesterol	simvastatin, pravastatin, lovastatin, atorvastatin, fluvastatin, ezetimibe, rosuvastatin, Livalo	Caduet, Vytorin, Pravachol, Mevacor, Zocor, Lipitor, Crestor, Zetia, Altoprev, Lescol, Lescol XL, Zypitamag, Flolipid, Ezallor, Roszet, ezetimibe/atorvastatin	Approve second line medication if patient has at least 2 different first line medications for a 30 day trial within 180 days

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<b>Cuvposa</b>	Chronic Drooling	glycopyrrolate oral soln	Cuvposa	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Bowel Prep</b>	Colonoscopy	PEG-electrolyte solution	Osmoprep, MoviPrep, Sutab, Plenvu, Clenpiq, Suprep, sodium sulfate/ potassium sulfate/ magnesium sulfate (Suprep generic), peg-3350/electrolytes/ASC (MoviPrep generic)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Condyloma</b>	Condyloma	imiquimod, podofilox	Aldara, Zyclara, Condylox	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Kristalose</b>	Constipation	lactulose solution	Kristalose, lactulose packets	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>COPD</b>	COPD	ipratropium bromide, Incruse Ellipta, Spiriva	Lonhala, Seebri Neohaler, Yupelri, Tudorza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Long-Acting Beta Agonist</b>	COPD	arformoterol, formoterol	Perforomist	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Cough Medication</b>	Cough	benzonatate 100, 200 mg	Tessalon Perles, benzonatate 150 mg	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days

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<b>Cough Medication - Combinations</b>	Cough	hydrocodone-chlorpheniramine, promethazine w/ codeine, pseudoephedrine-bromphen-dm, phenylephrine-guaifenesin, phenylephrine-chlorphen-dm	Bromfed DM, Carbaphen, Codar AR, Neotuss Plus, Rezira, Tussicaps, Tussionex, Tuzistra XR, Vituz, Zutripro	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Alpha Glucosidase Inhibitors</b>	Diabetes	acarbose	Precose, Glyset	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>DPP-4 Inhibitors</b>	Diabetes	Januvia, Janumet/Janumet XR	Kazano, Nesina, Oseni, alogliptin, alogliptin/metformin, Tradjenta, Jentadueto/XR, Kombiglyze, Onglyza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Glinides</b>	Diabetes	repaglinide, nateglinide	Prandin, Starlix	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>GLP-1 Agonists</b>	Diabetes	Ozempic, Trulicity, Rybelsus, Mounjaro	Tanzeum, Adlyxin, Byetta, Bydureon, Symlinpen, Victoza	Must try and fail one First Line (Preferred) product. If the patient has stage 3 chronic kidney disease (CKD) or severe renal impairment (creatinine clearance [CrCl < 30 mL/min) according to the prescribing physician, approve the Step 2 product.
<b>Insulin</b>	Diabetes	Novolin N, Novolin R, Novolin 70/30	Humulin N, Humulin R, Humulin 70/30	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>

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<b>Insulins, Rapid-Acting</b>	Diabetes	Novolog, Fiasp	Apidra, Admelog, Humalog, Afrezza, insulin lispro, insulin aspart, Lyumjev, Humalog Tempo	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>
<b>Metformin</b>	Diabetes	metformin, metformin er	Fortamet, Glucophage, Glucophage XR, Glumetza, Riomet, metformin osmotic er and metformin modified er	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>SGLT2 Inhibitor Combination</b>	Diabetes	Glyxambi, Trijardy XR	Qtern, Steglujan	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>
<b>SGLT2 Inhibitors</b>	Diabetes	Farxiga OR Xigduo XR PLUS one of: Jardiance, Synjardy/XR, Glyxambi, Trijardy XR	Steglatro, Invokana, Invokamet/XR, Segluromet, Kerendia, Inpefa, Brenzavvy	Must try and fail or have intolerance to TWO first line agents within 180 days, one of which must be Farxiga or Xigduo. <b>No look-back period and requires clinical review.</b>
<b>Sulfonylurea</b>	Diabetes	chlorpropamide, glipizide, glipizide er, glimepiride, glyburide, tolazamide, tolbutamide	Amaryl, Diabeta, Glucotrol, Glucotrol XL, Glynase, Micronase	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Thiazolidinediones</b>	Diabetes	pioglitazone	Actos, Avandia	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Endocrine</b>	Diabetes, Enuresis, Pituitary Disorders, Polydipsia/ Polyuria	desmopressin, Stimate	DDAVP, Mimirin, Noctiva, Nocurna	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

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<b>Blood Glucose Monitors and Strips</b>	Diabetic Supplies	Ascensia (Contour, Contour Next)	Brands: i.e., Roche (Accu-check), Nipro (Truetrack, Truetest, Health Alliance, Liberty), Abbott (Freestyle, Relion, Optium, NATIONAL MEDICAL: Advocate Test Strip, Advocate Redi-Code Test Strip, Advocate Redi-Code+ Test Strip, OMNIS HEALTH: Embrace Test Strips, Embrace Glucose Test Strips, Embrace Evo Test Strips, Embrace Pro Test Strips, Victory Glucose Test Strips UNISTRIP: Unistrip1 Glucose Test Strip LifeScan (OneTouch Ultra, Onetouch Verio)	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>
<b>MSD - Oral</b>	Erectile Dysfunction	sildenafil, tadalafil, vardenafil	Levitra, Staxyn, Stendra, Cialis, Viagra	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days Exceptions can be made for Staxyn if the patient cannot swallow or has difficulty swallowing tablets.
<b>Osteoporosis</b>	Estrogen Agonist	raloxifene	Evista	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Estrogen Combination Patches</b>	Estrogen Replacement	Climara Pro	Combipatch	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Estrogen Patch</b>	Estrogen Replacement	estradiol TD patch, Lyllana, Dotti	Climara, Menostar, Alora, Minivelle, Vivelite-Dot	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Topical Estrogen</b>	Estrogen Replacement	Estrogel, estradiol patches and cream	Elestrin, Estrasorb, Evamist, Divigel	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Reltone</b>	Gallstones	ursodiol capsules	Reltone	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Librax</b>	GI Disorders	chlordiazepoxide HCl-clidinium bromide	Librax	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Metoclopramide</b>	GI Disorders	metoclopramide tablets and oral solution	Gimoti	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Glaucoma</b>	Glaucoma	brimonidine tartrate, apraclonidine, dorzolamide/timolol, brimonidine tartrate/timolol	Alphagan P 0.15%, Iopidine, Alphagan P 0.1%, Cosopt, Combigan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Glaucoma - Beta Blockers</b>	Glaucoma	betaxolol solution, carteolol, levobunolol, metipranolol, optipranolol, timolol solution	Betagan, Betoptic S, Betimol, Istalol, Ocupress, Timoptic, Timoptic XE	Approve second line medication if patient has tried at least two different first line medications, each for a 30 day trial, within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Glaucoma (Ophthalmic Prostaglandins)</b>	Glaucoma	latanoprost, Lumigan, travoprost	Xalatan, Zioptan, Rescula, Vyzulta, Xelpros, Rhopressa, Rocklatan, Travatan Z	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Exceptions can be made for Zioptan for patients with known benzalkonium chloride (BAK) sensitivity AND with known sensitivity to other ophthalmic preservatives
<b>Ophthalmic</b>	Glaucoma	dorzolamide, brinzolamide	Trusopt, Azopt	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Colchicine</b>	Gout	probenecid/colchicine, colchicine tablets	Colcris, Gloperba, Mitigare, colchicine capsules	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Xanthine Oxidase Inhibitor</b>	Gout	allopurinol, febuxostat	Uloric, Zyloprim, Zurampic, Duzallo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Lice</b>	Head Lice	malthion, spinosad	Natroba, Ovide	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nephilysin Inhibitor/ARB Combination</b>	Heart Failure	Generic ACE Inhibitors, Generic ACE Inhibitor Combos, Generic Angiotensin receptor blockers/combos: i.e., candesartan, irbesartan, lisinopril, enalapril/hctz, etc.	Entresto	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Anthelmintic</b>	Helminths	praziquantel	Biltricide	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antiviral</b>	Herpes	valacyclovir	Valtrex	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Zovirax Oral</b>	Herpes Purine Analogues	acyclovir	Zovirax, Sitavig	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Zovirax Topical</b>	Herpes Purine Analogues	acyclovir	Zovirax, Xerese	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Zirgan</b>	Herpetic Keratitis	trifluridine	Zirgan	Approve second line medication if patient has at least a 7 day trial of a first line medication within 180 days
<b>Oral Estrogen</b>	Hormone Replacement	estradiol tablet	Menest, Estrace	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Oral Progesterone</b>	Hormone Replacement	progesterone capsule	Prometrium	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>ATP Citrate Lyase Inhibitors</b>	Hypercholesterolemia	Generic statins: i.e., simvastatin, pravastatin, lovastatin, atorvastatin, fluvastatin, ezetimibe, rosuvastatin	Nexletol, Nexlizet	Approve second line medication if patient has at least 2 different first line medications for a 30 day trial within 180 days
<b>Hyperhidrosis</b>	Hyperhidrosis	Drysol	Qbrexza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Ryclora</b>	Hypersensitivity	cyproheptadine, hydroxyzine	Ryclora	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>ACE Inhibitors</b>	Hypertension	Generics: i.e., ramipril, fosinopril, lisinopril, quinapril, perindopril, benazepril, captopril, enalapril, moexipril, trandolapril, enalaprilat	Brands: i.e., Altace, Accupril, Aceon, Zestril, Capoten, Epaned, Lotensin, Mavik, Monopril, Prinivil, Univas, Vasotec	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
<b>ACE Thiazide Combo</b>	Hypertension	Generics: i.e., benazepril/hctz, captopril/hctz, enalapril/hctz, fosinopril/hctz, lisinopril/hctz, quinapril/hctz, moexipril/hctz	Brands: i.e., Accuretic, Lotensin HCT, Vaseretic, Zestoretic, Capozide, Prinzide, Uniretic	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
<b>ACE/CCB Combo</b>	Hypertension	Generics (excluding trandolapril/verapamil): i.e., amlodipine/benazepril	Brands: i.e., Lotrel, Tarka, Prestalia, etc. and trandolapril/verapamil	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Aldactazide</b>	Hypertension	spironolactone, hydrochlorothiazide	Step 2: spironolactone/hctz Step 3: Aldactazide	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>ARB/CCB Combo</b>	Hypertension	Generics: i.e., amlodipine/valsartan, telmisartan/amlodipine, olmesartan/amlodipine, olmesartan/amlodipine/hctz	Brands: i.e., Exforge, Azor, Twynsta, Tribenzor	Approve second line medication if patient has tried at least two different first line medications, each for a 30 day trial, within 180 days
<b>ARBs</b>	Hypertension	Generics: i.e., candesartan, candesartan/hctz, losartan/losartan hctz, irbesartan/irbesartan/hctz, telmisartan, telmisartan/hctz, telmisartan/amlodipine, valsartan tablet, valsartan/hctz, eprosartan	Brands: i.e., Atacand/Atacand HCT, Avalide, Benicar/Benicar HCT, Avapro, Avalide, Teveten/HCT, Cozaar, Hyzaar, Diovan/Diovan HCT, Edarbi, Edarbyclor, Micardis/Micardis HCT, valsartan oral solution	Approve second line medication if patient has at least 2 different first line medications for a 30 day within 180 days
<b>Beta Blocker Thiazide Combo</b>	Hypertension	Generics: i.e., atenolol/chlorthalidone, bisoprolol/hctz	Brands: i.e., Corzide, Dutoprol, Tenoretic, Ziac, Timolide, Inderide	Approve second line medication if patient has at least 2 different first line medications for a 30 day trial within 180 days
<b>Beta Blockers</b>	Hypertension	Generics: i.e., acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, esmolol, labetaol, metoprolol, nadolol, pindolol, propranolol, sotalol, sorine, timolol	Brands: i.e., Sectral, Tenormin, Kerlone, Coreg, Trandate, Lopressor, Toprol XL, Corgard, Coreg CR, Bystolic, Levatol, Inderal, Innopran XL, Betapace, Blocadren, Brevibloc, Cartrol, Zebeta, Kapsargo	Approve second line medication if patient has at least 2 different first line medications for a 30 day trial within 180 days
<b>Calcium Channel Blockers - Dihydropyridines</b>	Hypertension	Generics: i.e., amlodipine, diltiazem, nimodipine, nisoldipine er (8.5, 17, 25.5, and 34mg), nifedipine, felodipine, taztia xt, cartia xt	Brands: i.e., Norvasc, Plendil, Dynacirc, Dynacirc CR, Cardene, Cardene SR, Sular, Adalat CC, Procardia XL, Diltiazem, Cardizem, Cleviprex, Dilacor, Nimotop, Nymalize, Tiazac, Katerzia, nisoldipine er (20, 30, and 40mg), nicardipine, isradipine	Approve second line medication if patient has at least 2 different first line medications each for a 30 day trial within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Calcium Channel Blockers - Verapamil</b>	Hypertension	verapamil	Brands: i.e., Covera-HS, Verelan, Calan, Calan SR, Isoptin SR, Verelan PM, Verelan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Tekturna</b>	Hypertension	aliskiren	Tekturna, Tekturna HCT	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Thiazides</b>	Hypertension	Generics: i.e., hydrochlorothiazide	Brands: i.e., Diuril, Microzide, Zaroxolyn, Lozol	Approve second line medication if patient has at least 2 different first line medications each for a 30 day trial within 180 days
<b>Consensi</b>	Hypertension and Osteoarthritis	generic NSAIDs and generic CCBs: i.e., naproxen, ibuprofen, celecoxib, amlodipine, diltiazem, nifedipine, etc.	Consensi	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Hypotrichosis</b>	Hypotrichosis	bimatoprost	Latisse	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Irritable Bowel Syndrome and Chronic Constipation Agents</b>	IBS-C	Trulance, Symproic, Movantik	Linzess, Amitiza, Motegrity, Relistor, Zelnorm, lbsrela	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Immunosuppressant - Azathioprine</b>	Immunosuppressant - Azathioprine	azathioprine	Azasan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Anti-Inflammatory</b>	Inflammation	Generic multi-source immediate-release NSAIDs (excluding naproxen susp, meloxicam capsules and susp, fenoprofen): i.e., naproxen, ibuprofen, diclofenac, etc.	Brand NSAIDs and single-source generic and extended-release generic NSAIDs: i.e., Cambia, Naprosyn and naproxen ER/CR and susp, indomethacin (single-source), ketoprofen 25mg, etodolac ER, etc., and fenoprofen, meloxicam capsules and susp, Relafen	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
<b>Anti-Inflammatory Ulcer</b>	Inflammation	generic NSAIDs and generic PPI or generic H2 Blocker: i.e., famotidine, ranitidine, esomeprazole, omeprazole, pantoprazole	Vimovo, Duexis, Arthrotec naproxen/esomeprazole, diclofenac sodium/misoprostol, ibuprofen/famotidine	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Anti-Inflammatory-Celebrex</b>	Inflammation	NSAID (generic only; exclude brands), celecoxib	Celebrex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Glucocorticosteroids</b>	Inflammation	prednisone, methylprednisolone, dexamethasone	Rayos, Medrol, Cortef, Decadron, Sterapred, Prelone, Millipred, Orapred, DexPak, Taperdex, prednisone intensol	Approve second line medication if patient has at least a 30 day trial of a first line medication within 30 days
<b>Steroid-Local Anesthetic Combinations</b>	Inflammation	hydrocortisone acetate/pramoxine	Cortane, Epifoam, Novacort, Pramosone, Analapram HC, Procort, Proctofoam HC	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical Anti-Inflammatory</b>	Inflammation	diclofenac 1% gel	Voltaren, Pennsaid, Vopac MDS, Flector, Licart, diclofenac 1.5% solution, Venngel One, diclofenac 2% solution	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Topical Corticosteroids</b>	Topical Inflammation	Corticosteroids, Topical: Generic only: i.e., betamethasone, desoximetasone (excluding 0.25% cream), halobetasol (excluding foam), triamcinolone (excluding aerosol solution), etc.	All brands, diflorasone, clobetasol, fluocinonide 0.1%, flurandrenolide, Ala-Cort, doxepin 5% cream, halobetasol 0.05% foam, triamcinolone aerosol solution, desoximetasone 0.25% cream, halcinonide 0.1% cream	Approve second line medication if patient has 2 different first line medications, each for least a 30 day trial within 180 days
<b>Inflammatory Bowel - Mesalamine</b>	Inflammatory Bowel	mesalamine enema	Sfrowasa, Rowasa	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Inflammatory Bowel Agents - Oral</b>	Inflammtory Bowel	balsalazide disodium, sulfasalazine, sulfazine, mesalamine, mesalamine dr	Asacol HD, Dipentum, Pentasa, Giazio, Azulfidine, Colazal, Lialda, Delzicol, Apriso	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Influenza</b>	Influenza	oseltamivir tab and susp	Tamiflu, Relenza, Tamiflu suspension	Approve second line medication if patient has at least a 10 day trial of a first line medication within 180 days
<b>Sleep Aids</b>	Insomnia	Generics: i.e., zolpidem (excluding sl and 7.5mg capsule), zaleplon, ramelteon	Brands: i.e., Ambien CR, Edluar, Lunesta, Rozerem, Ambien, Sonata, Zolpimist, Intermezzo, Dayvigo, zolpidem sl, Quviviq, zolpidem 7.5mg capsule	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Elmiron</b>	Interstitial Cystitis	amitriptyline	Elmiron	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Irritable Bowel</b>	Irritable Bowel	alosetron	Lotronex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Urea Cream	Keratolytic	urea	Cem-Urea, Dermasorb, Keralac, Umecta, Uramaxin, Utopic	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Activella	Menopausal Symptoms	estradiol/norethindrone, Amabelz	Activella	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Antidepressants Other	Mental Health	bupropion sr, bupropion xl, bupropion, venlafaxine, venlafaxine er, mirtazapine, desvenlafaxine, duloxetine, vilazodone	Wellbutrin, Wellbutrin SR, Wellbutrin XL, Effexor, Effexor XR, Aplenzin, Pristiq, Remeron, Forfivo XL, Cymbalta, Khedezla, Irenka, Spravato, Savella, Trintellix, Viibryd, Auvelity	Approve second line medication if patient has tried at least two different first line medications, each for a 30 day trial, within 180 days
Antipsychotic - Clozapine	Mental Health	clozapine	Fazaclo, Versacloz, Clozaril	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antipsychotics	Mental Health	risperidone, olanzapine, clozapine, quetiapine, ziprasidone, paliperidone, aripiprazole	Abilify, Invega, Clozaril, Zyprexa, Risperdal, Saphris, Seroquel, Geodon, Rexulti, Fanapt, Vraylar, Latuda, asenapine, Lybalvi	Approve second line medication if patient has tried at least two different first line medications, each for a 30 day trial, within 180 days
Bupropion 450	Mental Health	bupropion er 150mg	bupropion er 450mg	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days*  <i>Medical reason must be provided for why the patient cannot use 3 of the 150mg strength as an alternative to the 450mg strength.</i>

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
SSRI	Mental Health	citalopram tablets, fluvoxamine, fluoxetine, paroxetine, sertraline tablets and oral solution, escitalopram, paroxetine mesylate	Lexapro, Luvox CR, Pexeva, Celexa, Prozac, Paxil, Paxil CR, Zoloft, Rapiflux, Brisdelle, sertraline capsules, citalopram capsules	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
Tricyclic Antidepressants	Mental Health	amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline, protriptyline, trimipramine	Anafranil, Norpramin, Pamelor, Surmontil, Tofranil, Tofranil PM, Silenor	Approve second line medication if patient has tried at least 2 different first line medications, each for a 30 day trial, within 180 days
Migraine Ergotamines	Migraines	dihydroergotamine nasal	Migranal, Trudhesa	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Triptans	Migraines	sumatriptan, naratriptan, rizatriptan, zolmitriptan tablets, frovatriptan, almotriptan, eletriptan	Amerge, Frova, Zomig/ZMT, Treximet, Axert, Maxalt/MLT Sumavel, Imitrex, Alsuma, Zecuity, Onzetra Xsail, Zembrace Symtouch, Relpax, Ubrelvy*, Reyvow*, Nurtec*, Cafergot, ergotamine w/ caffeine, zolmitriptan nasal, zolmitriptan ODT, sumatriptan/naproxen	Approve second line medication if patient has at least 2 different 28 day trials of a first line medication within 180 days. *Nurtec, Ubrelvy, and Reyvow only require failure of 1 first line medication for 28 days within the past 180 days. If the patient is experiencing an acute migraine attack, authorization for a Step 2 agent may be given
Nicazel	Multivitamins	Generics: i.e., B-Plex Plus, Biocel, Vita S Forte, etc.	Nicazel, Nicazel Forte	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Mupirocin	Mupirocin	mupirocin oint	Bactroban (excludes nasal), Centany, mupirocin cream, Altabax	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Central Muscle Relaxants</b>	Muscle Pain	baclofen, carisoprodol, chlorzoxazone (excluding 375 and 250mg), cyclobenzaprine (excluding 7.5mg), metaxalone 400mg, methocarbamol, orphenadrine, tizanidine	Amrix, Flexeril, Fusepaq, Gablofen, Lorzone, Norflex, Paraform Forte, Skelaxin, Soma, Robaxin, Tabradol, Lyvispah, metaxalone 800mg, cyclobenzaprine 7.5mg, chlorzoxazone 375 and 250mg, cyclobenzaprine er	Approve second line medication if patient has at least 2 different 15 day trials of a first line medication within 180 days
<b>Norgesic Forte</b>	Muscle Pain	generic centrally acting muscle relaxants and generic NSAIDs: i.e., baclofen, orphenadrine, cyclobenzaprine, aspirin, ibuprofen, naproxen, etc.	Norgesic Forte, orphenadrine citrate/aspirin/caffeine, Orphengesic Forte	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Narcolepsy</b>	Narcolepsy	modafinil, armodafinil	Provigil, Nuvigil, Wakix	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Narcotic Antagonists</b>	Narcotic Antagonist	naloxone syringe, Narcan nasal spray	Evzio, Zimhi	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antinausea</b>	Nausea	aprepitant, ondansetron, granisetron	Aloxi, Anzement, Kytril, Sancuso, Sustol, Zofran, Zuplenz, Emend, Akynzeo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Gabapentin</b>	Neuropathic Pain	gabapentin, pregabalin	Step 2: Lyrica Step 3: Lyrica CR, Horizant, Neurontin, Gralise	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Weight Loss</b>	Obesity	phentermine, benzphetamine, diethylpropion	Qsymia, Contrave, Saxenda, Adipex-P, Lomaira, Wegovy	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>NSAID Ophthalmics</b>	Ocular Inflammation	generics (excluding bromfenac): diclofenac, ketorolac	Ilevro, Nevanac, Prolensa, Acuvail, bromfenac	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Ophthalmic Steroids</b>	Ocular Inflammation - Steroid	dexamethasone, fluorometholone, prednisolone, Lotemax gel and ointment	Durezol, Flarex, FML Forte, SOP, Maxidex, Omnipred, Pred Forte, Pred Mild, Lotemax suspension, Eysuvis, Alrex	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Miacalcin</b>	Osteoporosis	calcitonin salmon	Miacalcin	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Bisphosphonates</b>	Osteoporosis	alendronate, ibandronate, pamidronate, etidronate, zoledronic acid	Actonel, Actonel w/ Ca, Fosamax, Atelvia, Fosamax D, Boniva, Skelid, Zometa, Reclast, Aredia, Didronel, Binosto	Approve second line medication if patient has tried at least 2 different first line medications, each for a 28 day trial, within 180 days
<b>Analgesics - APAP Combination</b>	Pain	tramadol and generic apap combination analgesics: i.e., oxycodone/apap, hydrocodone/apap, codeine/apap	Brands: i.e., Vicodin, Vicodin ES, Percocet, Tylenol #3, Tylenol #4, Fioricet w/ Codeine, Fiorinal w/ Codeine, Vicoprofen, Lortab, Lorcet, Darvocet, Darvocet N, Ultracet, Synalgos-DS, Panlor Dc, Panlor SS, Percodan, Magnacet, Roxicet, Tylox, Maxidone, Norco, Xodol, Zydone, Primlev, Apadaz	Approve second line medication if patient has at least 2 different first line medications, each for a 14 day trial within 180 days
<b>Analgesics - Fentanyl</b>	Pain	fentanyl patch	Duragesic	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Analgesics -Tramadol</b>	Pain	tramadol	Ryzolt, Ultram ER, Conzip, Qdolo	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Long-Acting Analgesics</b>	Pain	morphine sr, hydromorphone er, hydrocodone ER	Brands: i.e., Embeda, Avinza, Kadian, MS Contin, Oramorph SR, Opana ER, Exalgo ER, Hysingla, Xartemis, Arymo ER, Morphabond, Zohydro ER, Oxycontin, oxymorphone ER	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days. Approve Zohydro ER if both a first and second line medication have been tried and failed.
<b>Pain - Levophanol</b>	Pain	methadone	levorphanol	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Seglantis</b>	Pain	tramadol PLUS a generic NSAID: i.e., ibuprofen, naproxen, diclofenac, etc.	Seglantis	Approve second line medication if patient has tried at least 2 different first line medications (one of which must be tramadol), each for a 30 day trial, within 180 days.
<b>Short Acting Analgesics</b>	Pain	oxycodone (excluding 5mg capsule), oxymorphone, meperidine, hydromorphone	Dilaudid, Demerol, Roxicodone, Opana, Nucynta, Roxybond, oxycodone 5mg capsule	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Topical Analgesics Patches</b>	Pain	lidocaine patch	Lidoderm, Ztlido	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
<b>Transmucosal Fentanyl</b>	Pain	fentanyl lozenge, fentanyl citrate	Abstral, Fentora, Subsys, Lazanda, Actiq	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Pancreatic Enzymes</b>	Pancreatic Insufficiency	Zenpep, Creon	Pancreaze, Pertzye, Viokace	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antiparkinson Dopaminergics</b>	Parkinson's	amantadine, bromocriptine mesylate, carbidopa/levodopa, pramipexole, ropinirole/er	Duopa, Gocovri, Mirapex. Mirapex ER, Neupro, Parlodel, Requip, Requip ER, Rytary, Sinemet, Sinemet CR, Stalevo, Osmolex ER	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Monoamine Oxidase Inhibitor</b>	Parkinson's	selegiline, rasagiline	Azilect, Eldepryl, Zelapar, Xadago	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Glycopyrrolate</b>	Peptic Ulcer	glycopyrrolate tablets	Glycate, Robinul, Robinul Forte, Dartisla ODT	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Phosphate Binders</b>	Phosphate Binders	calcium acetate, Velphoro, sevelamer, lanthanum carbonate	Fosrenol, Phoslyra, Renvela, Renagel, Phoslo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical Plaque Psoriasis -- Vitamin D analog/corticosteroids</b>	Plaque Psoriasis	calcipotriene, betamethasone	Enstilar, Sorilux, Vectical, Wyzora, calcipotriene/betamethasone	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Platelet Aggregation</b>	Platelet Aggregation	prasugrel, anagrelide, clopidogrel	Effient, Plavix, Agrylin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Platelet Aggregation Combination</b>	Platelet Aggregation	aspirin/dipyridamole	Aggrenox	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Urso</b>	Primary Biliary Cholangitis	ursodiol tablets	Urso, Urso Forte	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Antirheumatic</b>	Rheumatoid Arthritis	methotrexate inj, methotrexate oral, Otrexup	Rasuvo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Methotrexate</b>	Rheumatoid Arthritis	methotrexate oral	Trexall	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Rosacea Metronidazole</b>	Rosacea	metronidazole external cream, gel, or lotion	Metrogel, Metrocream, Noritate, Rosadan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Rosacea Soolantra</b>	Rosacea	metronidazole external cream, gel, or lotion, sulfacetamide-sulfur, Soolantra	Finacea, Mirvaso, Rhofade, Noritate, Epsolay	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Rosacea Sulfacetamide-Sulfur</b>	Rosacea	sulfacetamide-sulfur	Avar, Plexion, Rosanil, Sumadan, Sumaxin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Yosprala</b>	Secondary Prevention of CV Events	Aspirin plus generic PPI or generic H2 blocker: i.e., famotidine, ranitidine, esomeprazole, omeprazole, pantoprazole	Yosprala, aspirin/omeprazole	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Anticonvulsant</b>	Seizures	oxcarbazepine	Trileptal	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Anticonvulsant - Miscellaneous</b>	Seizures	levetiracetam, carbamazepine, oxcarbazepine, pregabalin, gabapentin, Vimpat	Briivact, Xcopri, Fycompa, Elepsia XR	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Anticonvulsant - Oxcarbazepine</b>	Seizures	oxcarbazepine	Oxtellar XR	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Anticonvulsant - Lamictal</b>	Seizures, Bipolar	lamotrigine	Lamictal, Lamictal ODT, Lamictal XR	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Anticonvulsant - Topamax</b>	Seizures, Migraine	topiramate, topiramate er	Topamax, Trokendi XR, Eprontia	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Sivextro</b>	Skin Infections	linezolid	Sivextro	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>ADHD</b>	Strattera	atomoxetine	Strattera	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Androgens</b>	Testosterone Replacement	testosterone injectable and multi-source topical generics	Fortesta, Striant, Testim, Vogelxo, Natesto, Androderm, Androgel 1%, Axiron, Androgel 1.62%, Aveed, Methitest, methyltestosterone, Android, Testred, Jatenzo, testosterone single-source topical generics, Xyosted, Tlando, Kyzatrex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Tetracycline - Oral</b>	Tetracycline - Oral	generic demeclocycline, doxycycline, minocycline, and tetracycline solid dosage forms (e.g., capsules, tablets), Oracea	Adoxa, Adoxa Pak, Alodox Convenience Kit, Avidoxy Kit, Declomycin, Doryx, Dynacin, Minocin, Monodox, Morgidox Kit, Nutridox, Periostat, Solodyn, Vibramycin Hyclate, Acticlate, Minolira, Ximino, CoreMino, minocycline er, Seysara, Arestin, Targadox, doxycycline hyclate (single-source), doxycycline dr (for rosacea)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Basal Cell Carcinoma</b>	Topical Antimetabolite	fluorouracil cream 5% and solution, imiquimod 5% cream, Carac, Picato, Zyclara	Fluoroplex, Tolak, Efudex Cream, Aldara, fluorouracil cream 0.5%	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical Fungals</b>	Topical Fungals	ketoconazole, miconazole, terbinafine, clotrimazole, tolnaftate, butenafine, ciclopirox, nystatin	Ecoza, Luzu, Naftin, Mentax, Ertaczo, Oxistat, Exelderm, Xolegel, econazole cream, Alcortin, Aloquin, Vytone, Vusion, Recura, Lotrisone, Dermazene, Dermasorb, oxiconazole	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Topical Nail Lacquer</b>	Topical Fungals	ciclopirox, clotrimazole	Step 2: Jublia, Kerydin, tavaborole Step 3: Dermasorb, Penlac, Lamisil, Exelderm	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Topical External Pain</b>	Topical Pain	generic lidocaine ointment, cream, lotion, and gel, lidocaine/prilocaine cream	Synera, lidocaine/tetracaine cream	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Psoriasis</b>	Topical Psoriasis	tazarotene	Step 2: Tazorac, Fabior Step 3: Dovonex, Arazlo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Carafate</b>	Ulcer	sucralfate	Carafate	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Proton Pump Inhibitors</b>	Ulcer/GERD	omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole, Nexium packets only	Aciphex, Dexilant, Prevacid(MS), Prevacid Solutabs, Prilosec Rx Oral Suspension, Protonix, Nexium, Zegerid, omeprazole/sodium bicarbonate	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days
<b>Ulcer Therapy Combinations</b>	Ulcer/GERD	lansoprazole/amoxicillin/clarithromycin	Prevpac, Pylera, Voquezna, Omeclamox-pak, Helidac therapy pack	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Ulcerative Colitis</b>	Ulcerative Colitis	budesonide er tabs	Uceris tab, Ortikos	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Urinary</b>	Urinary Spasm	oxybutynin ir, oybutynin xl, trospium ir/xr, tolterodine ir, tolterodine la, solifenacin, Myrbetriq, fesoterodine er	Detrol, Detrol LA, Ditropan, Ditropan XL, Sanctura, Sanctura XR, Toviaz, Enablex, Vesicare, Oxytrol, Gelnique, Oxytrol for Women (OTC), darifenacin, Gemtesa	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Brexafemme</b>	Vaginal Antifungal	fluconazole, terconazole, clotrimazole	Brexafemme	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
<b>Vaginal Estrogen</b>	Vaginal Estrogen	Premarin cream, estradiol vaginal cream and tablet, estradiol patch	Femring, Estrace Cream, Yuvaferm, Estring, Imvexxy, Intrarosa, Osphena, Vagifem	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Vaginal Antibiotics</b>	Vaginal Infection	metronidazole vaginal, clindamycin vaginal cream	Nuversa, Vandazole, AVC, Cleocin cream and suppository, Metrogel, Clindesse, Xaciato	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Nascobal</b>	Vitamin B <sub>12</sub> Deficiency	cyanocobalamin	Nascobal	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Folic Acid Combinations</b>	Vitamin Deficiency	folic acid, cholecalciferol	Ciferex, Dermacinrx Purefolix, Folixapure, Norifol-D, Revesta, Roxifol-D, Zavara, Zolate, Ortho DF, Durachol, Cifrazol, Folvite D, Folic-K, Cholecal DF	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Multivitamin/Folic Acid Combination</b>	Vitamin Deficiency	folic acid (Rx)	Folika D, Genicin Vita, Vitaxyme, Taliva, Vitamez, Vitasure, Lorid, Nicadan, Diallyvite	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Pediatric Multivitamin/Fluoride Combination</b>	Vitamin Deficiency	Generics: i.e., multivitamin/fluoride drops and chewable tablets, tri-vite/fluoride, vitamins A/C/D fluoride, etc.	Brands: i.e., Floriva Plus, Quflora, Poly-Vi-Flor, Tri-Vi-Flor, etc.	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Prenatal Vitamins</b>	Vitamin Deficiency	generics: i.e., C-Nate DHA, multi prenatal	brands, Prena1 Pearl, Vitapearl, Trinaz, Pregenna, Azeschew, Pregen DHA, Zalvit, Ziphex, Prenate	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Mephyton</b>	Vitamin K Deficiency	phytonadione	Mephyton	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Facial Wrinkles - Retinoids</b>	Wrinkles	tretinoin emollient	Avage, Refissa, Renova	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Specialty</b>				
<b>Camzyos</b>	Cardiomyopathy	Generic beta blockers: i.e., acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, esmolol, labetaol, metoprolol, nadolol, pindolol, propranolol, sotalol	Camzyos	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Recorlev</b>	Cushing's Syndrome	ketoconazole	Recorlev	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Myelofibrosis</b>	Myelofibrosis	Jakafi	Inrebic, Vonjo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Ztalmy	Seizures	clobazam, valproate, topiramate, levetiracetam	Ztalmy	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Arava	Rheumatoid Arthritis	leflunomide	Arava	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Leucovorin	Methotrexate Toxicity	leucovorin solution, leucovorin tablet (excluding 10mg)	leucovorin 10mg tablet	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Acromegaly Injectables	Acromegaly	Somatuline Depot, Sandostatin, Sandostatin LAR	Somavert, Signifor LAR*	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days  <i>*Bypass step therapy requirements if Signifor LAR is prescribed for Cushing's disease .</i>
Riluzole	ALS	riluzole	Tiglutik, Rilutek, Exservan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Crinone 4%	Amenorrhea	micronized progesterone, progesterone oil, medroxyprogesterone acetate, combination or progesterone only oral contraceptives, norethindrone	Crinone 4%	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Erythroid Stimulants</b>	Anemia	Retacrit, Aranesp	Step 2: Mircera  Step 3: Epogen, Procrit	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Approve third line medication if patient has at least a 30 day trial of a second line medication within 180 days and meets step 2 requirements.
<b>Antiarrhythmia</b>	Atrial Fibrillation	dofetilide	Tikosyn	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Remicade</b>	Autoimmune Disorders	Avsola	Remicade	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Cancer - Capecitabine</b>	Breast Cancer	capecitabine	Xeloda	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Estrogen Receptor Antagonist</b>	Breast Cancer	fulvestrant	Faslodex	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Tykerb</b>	Breast Cancer	lapatinib	Tykerb	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Abraxane</b>	Cancer	paclitaxel	Abraxane	Approve second line medication if patient has at least a 21 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Afinitor</b>	Cancer	everolimus	Afinitor, Afinitor Disperz	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Alimta</b>	Cancer	pemetrexed	Alimta	Approve second line medication if patient has at least a 21 day trial of a first line medication within 180 days
<b>Avastin</b>	Cancer	Mvasi, Zirabev	Avastin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Calquence</b>	Cancer	Imbruvica, Venclexta	Calquence	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Cancer - Erlotinib</b>	Cancer	erlotinib	Tarceva	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Herceptin</b>	Cancer	Kanjinti, Trazimera	Herceptin, Ogivri	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Sutent</b>	Cancer	sunitinib	Sutent	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Targretin Gel	Cancer	bexarotene gel	Targretin gel	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Gonadotropin-Releasing Hormone Analogs	Central Precocious Puberty	Lupron Depot Ped	Supprelin LA, Triptodur	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antilipemic Agents	Cholesterol	Generic statins: i.e., simvastatin, pravastatin, lovastatin, atorvastatin, fluvastatin, ezetimibe, rosuvastatin	Step 2: Repatha Step 3: Evkeeza, Leqvio	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Approve third line medication if patient has trialed both a step 1 and a step 2 medication within the past 180 days.
PCSK9 Inhibitors	Cholesterol	Repatha	Praluent	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>
Chronic Iron Overload	Chronic Iron Overload	deferasirox	Exjade, Jadenu, Jadenu Sprinkle	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Leukemia	Chronic Myelocytic Leukemia	imatinib	Gleevec	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Isturisa	Cushing Disease	ketoconazole, Lysodren	Isturisa	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Cancer - Romidepsin</b>	Cutaneous T-Cell Lymphoma	romidepsin	Istodax	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Cystic Fibrosis</b>	Cystic Fibrosis	tobramycin	Tobi, Bethkis, Kitabis, Tobi Podhaler	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Cuprimine</b>	Cystine-Depleting Agents	penicillamine tablets, Depen Titratabs	Step 2: penicillamine capsules Step 3: Cuprimine	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>DVT</b>	DVT	enoxaparin	Lovenox	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Infertility - Follitropins</b>	Fertility	clomiphene citrate, Follistim AQ	Gonal-F, Gonal-F RFF, Menopur	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Infertility - GnRH Antagonists</b>	Fertility	Ganirelix, Fyremadel	Cetrotide, cetrorelix	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Gaucher's Disease</b>	Gaucher's Disease	miglustat	Zavesca	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Cancer - Temozolomide	Glioblastoma	temozolomide	Temodar	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Growth Hormones	Growth Hormone Deficiency	Norditropin, Genotropin	Nutropin, Nutropin AQ, Saizen, Omnitrope, Zomacton, Humatrope, Serostim, Zorbtive, Skytrofa	Must try and fail or have intolerance to first line agent. <b>No look-back period and requires clinical review.</b>
Orladeyo	HAE	Haegarda	Orladeyo	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Colony Stimulating Factor	Hematopoietic Agents	Nivestym, Zarxio, Ziextenzo, Fulphila	Neupogen, Granix, Leukine, Neulasta, Neulasta Onpro Kit, Udenyca, Nyvepria, Releuko, Fylmetra, Rolvedon, Stimufend	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Hepatitis B	Hepatitis B	lamivudine hbv, adefovir dipivoxil, entecavir, tenofovir, Baraclude solution	Hepsera, Tyzeka, Vemlidy, Epivir-HBV, Baraclude tablets	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Hepatitis C Injectable	Hepatitis C	Pegasys	Peg-Intron	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Hepatitis C Oral	Hepatitis C	sofosbuvir/velpatasvir, ledipasvir/sofosbuvir,	Step 2: Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi Step 3: Viekira, Technivie, Daklinza, Zepatier, Olysio	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Hepatitis C Oral- Optional	Hepatitis C (Optional)	Harvoni, Epclusa, Mavyret, Sovaldi, Vosevi	Viekira, Technivie, Daklinza, Zepatier, Sovaldi, Olysio, Daklinza	Require use of preferred agent, Grandfathering allowed. No Metavir management.

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Firazyr</b>	Hereditary Angioedema	icatibant	Firazyr	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Orfadin</b>	Hereditary Tyrosinemia	nitisinone	Orfadin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Atripla</b>	HIV	efavirenz/emtricitabine/tenofovir df	Atripla	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Diarrhea</b>	HIV	diphenoxylate/atropine, loperamide	Mytesi	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Emtriva</b>	HIV	emtricitabine	Emtriva	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>HIV</b>	HIV	Genvoya, Odefsey, Triumeq, Biktarvy, Intelence, efavirenz, nevirapine, efavirenz/emtricitabine/tenofovir df, efavirenz/lamivudine/tenofovir df	Step 2: Stribild, Dovato, Pifeltro, Symtuza, Rukobia, Complera, Apretude  Step 3: Sunlenca	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days. Approve third line medication if patient has at least a 30 day trial of two first line medications within 180 days.
<b>Kaletra Solution</b>	HIV	lopinavir/ritonavir tablets and solution	Kaletra Solution	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Kaletra Tablet	HIV	lopinavir/ritonavir tablet	Kaletra Tablet	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Selzentry	HIV	maraviroc	Selzentry	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Sustiva	HIV	efavirenz	Sustiva	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Symfi	HIV	efavirenz/lamivudine/tenofovir df	Symfi, Symfi Lo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Huntington Disease	Huntington Disease	tetrabenazine	Xenazine	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Antiparathyroid	Hyperparathyroidism	cinacalcet	Sensipar	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Samsca	Hyponatremia	tolvaptan	Samsca	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Esbriet</b>	Idiopathic Pulmonary Fibrosis	pirfenidone	Esbriet	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Infertility - Chorionic Gonadatropin</b>	Infertility	Pregnyl, Ovidrel	Novarel, chorionic gonadotropin	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Autoimmune Inflammation</b>	Inflammatory Conditions	<p><b>Step 1a: Ankylosing Spondylitis:</b> Cosentyx, Enbrel, Humira, Amjevita, Cyltezo</p> <p><b>Step 1b: Ankylosing Spondylitis (directed to <u>one</u> step 1a TNF inhibitor: Enbrel OR Humira, Amjevita, or Cyltezo):</b> Xeljanz/XR</p> <p><b>Crohn's Disease:</b> Humira, Stelara, Skyrizi, Amjevita, Cyltezo</p> <p><b>Step 1a Non-Radiographic Axial Spondyloarthritis:</b> Cimzia, Cosentyx</p> <p><b>Step 1b: Non-Radiographic Axial Spondyloarthritis (directed to <u>one</u> step 1a TNF inhibitor: Cimzia):</b> Rinvoq</p>	<p><b>Ankylosing Spondylitis (directed to <u>two</u> step 1 agents):</b> Cimzia, Simponi, Taltz</p> <p><b>Crohn's Disease (directed to <u>two</u> step 1 agents, one of which must be Humira, Amjevita, or Cyltezo):</b> Cimzia</p> <p><b>Non-Radiographic Axial Spondyloarthritis (directed to <u>two</u> step 1 agents):</b> Taltz</p> <p><b>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo):</b> For all FDA approved indications, Humira and the two biosimilars Amjevita and Cyltezo are the preferred agents. All other Humira biosimilars are non-preferred and require trial and failure of the three preferred agents.</p>	<p>Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days, unless noted otherwise, specific to indication.</p> <p>Failure of step 1a and/or step 1b medications will satisfy requirements for step 2 or higher medications that require failure of step 1 agent(s).</p> <p>The following indications do not require trial and failure of any medications; step therapy should be bypassed: Alopecia Areata, Atopic Dermatitis, Deficiency of IL-1 Receptor Antagonist (DIRA), Enthesitis Related Arthritis (ERA), Giant Cell Arteritis (GCA), Neonatal-Onset Multisystem Inflammatory Disease (NOMID), Systemic Juvenile Idiopathic Arthritis (SJIA), Systemic Sclerosis-associated Interstitial Lung Disease (SSc-ILD).</p>

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Autoimmune Inflammation (Cont.)</b>	Inflammatory Conditions	<p><b>Step 1a: Polyarticular Juvenile Idiopathic Arthritis:</b> Enbrel, Humira, Amjevita, Cyltezo</p> <p><b>Step 1b: Polyarticular Juvenile Idiopathic Arthritis (directed to <u>one</u> step 1a agent):</b> Xeljanz</p> <p><b>Psoriasis:</b> Cosentyx, Enbrel, Humira, Skyrizi, Stelara, Tremfya, Otezla, Amjevita, Cyltezo</p>	<p><b>Polyarticular Juvenile Idiopathic Arthritis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo):</b> Actemra</p> <p><b>Polyarticular Juvenile Idiopathic Arthritis (directed to <u>two</u> step 1 or 2 agents):</b> Orencia</p> <p><b>Psoriasis (directed to <u>two</u> step 1 agents):</b> Cimiza, Ilumya</p> <p><b>Psoriasis (directed to <u>three</u> step 1 agents):</b> Taltz, Siliq, Sotyktu</p> <p><b>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo):</b> For all FDA approved indications, Humira and the two biosimilars Amjevita and Cyltezo are the preferred agents. All other Humira biosimilars are non-preferred and require trial and failure of the three preferred agents.</p>	<p>Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days, unless noted otherwise, specific to indication.</p> <p>Failure of step 1a and/or step 1b medications will satisfy requirements for step 2 or higher medications that require failure of step 1 agent(s).</p> <p>The following indications do not require trial and failure of any medications; step therapy should be bypassed: Alopecia Areata, Atopic Dermatitis, Deficiency of IL-1 Receptor Antagonist (DIRA), Enthesitis Related Arthritis (ERA), Giant Cell Arteritis (GCA), Neonatal-Onset Multisystem Inflammatory Disease (NOMID), Systemic Juvenile Idiopathic Arthritis (SJIA), Systemic Sclerosis-associated Interstitial Lung Disease (SSc-ILD).</p>

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Autoimmune Inflammation (Cont.)</b>	Inflammatory Conditions	<p><b>Step 1a: Psoriatic Arthritis:</b> Cosentyx, Enbrel, Humira, Stelara, Tremfya, Otezla, Skyrizi, Amjevita, Cyltezo</p> <p><b>Step 1b: Psoriatic Arthritis (directed to <u>one</u> step 1a TNF inhibitor: Enbrel or Humira):</b> Xeljanz/XR, Rinvoq</p> <p><b>Step 1a: Rheumatoid Arthritis:</b> Enbrel, Humira, Amjevita, Cyltezo</p> <p><b>Step 1b: Rheumatoid Arthritis (directed to <u>one</u> step 1a agent):</b> Rinvoq, Xeljanz/XR</p> <p><b>Step 1a: Ulcerative Colitis:</b> Humira, Stelara, Amjevita, Cyltezo</p> <p><b>Step 1b: Ulcerative Colitis (directed to <u>one</u> step 1a TNF inhibitor: Humira, Amjevita, or Cyltezo):</b> Rinvoq, Xeljanz/XR</p>	<p><b>Psoriatic Arthritis (directed to <u>two</u> step 1 agents):</b> Cimzia, Orenzia, Simponi, Taltz</p> <p><b>Rheumatoid Arthritis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo):</b> Actemra</p> <p><b>Rheumatoid Arthritis (directed to <u>two</u> step 1 agents):</b> Olumiant, Cimzia, Kevzara, Kineret, Orenzia, Simponi</p> <p><b>Ulcerative Colitis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo):</b> Simponi</p> <p><b>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo):</b> For all FDA approved indications, Humira and the two biosimilars Amjevita and Cyltezo are the preferred agents. All other Humira biosimilars are non-preferred and require trial and failure of the three preferred agents.</p>	<p>Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days, unless noted otherwise, specific to indication.</p> <p>Failure of step 1a and/or step 1b medications will satisfy requirements for step 2 or higher medications that require failure of step 1 agent(s).</p> <p>The following indications do not require trial and failure of any medications; step therapy should be bypassed: Alopecia Areata, Atopic Dermatitis, Deficiency of IL-1 Receptor Antagonist (DIRA), Enthesitis Related Arthritis (ERA), Giant Cell Arteritis (GCA), Neonatal-Onset Multisystem Inflammatory Disease (NOMID), Systemic Juvenile Idiopathic Arthritis (SJIA), Systemic Sclerosis-associated Interstitial Lung Disease (SSc-ILD).</p>
<b>Banzel</b>	Lennox-Gastaut Syndrome	rufinamide suspension and tablets	Banzel Suspension and Tablets	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Zortress	Liver Transplant	everolimus	Zortress	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antineoplastic - Bortezomib	Mantle Cell Lymphoma	bortezomib	Velcade	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Zeposia	MS/UC	<p><b>Multiple Sclerosis:</b> glatiramer acetate, dimethyl fumarate, fingolimod, teriflunomide</p> <p><b>Ulcerative Colitis:</b> Humira, Stelara, Xeljanz/XR, Rinvoq, Amjevita*, Cyltezo*</p>	Zeposia	<p>Approve second line medication if patient has at least a 28 day trial of one medication (MS) or <b>TWO</b> first line medications (UC) within 180 days</p> <p>*For Amjevita and Cyltezo, only the high WAC NDCs are preferred.</p>
Ampyra	Multiple Sclerosis	dalfampridine er	Ampyra	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Multiple Sclerosis	Multiple Sclerosis	glatiramer acetate, dimethyl fumarate, fingolimod, teriflunomide	<p>Step 2: Betaseron, Aubagio, Avonex, Plegridy, Rebif, Mavenclad, Mayzent, Kesimpta, Vumerity</p> <p>Step 3: Extavia, Glatopa, Tecfidera, Copaxone, Bafiertam, Ponvory, Tascenso ODT, Gilenya</p>	<p><b>Step 2 Medications:</b> Must try and fail or have intolerance to one first line agent.</p> <p><b>Step 3 Medications:</b> Must try and fail or have an intolerance to three different step 1 and 2 drugs in different classes. One of those three drugs must be an AB-rated generic for Copaxone, Glatopa, or Tecfidera.</p> <p>Grandfathering allowed with indefinite lookback for all medications except Glatopa, Copaxone, and Tecfidera, which do not allow grandfathering.</p> <p>** The prescriber must provide written documentation supporting the trial of Preferred agents, noted in the criteria as [documentation required]. Only attestation is required; do not require chart</p>
Thiola	Nephrolithiasis	tiopronin	Thiola, Thiola EC	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Procysbi	Nephropathic Cystinosis	Cystagon	Procysbi	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Northera	Orthostatic Hypotension	midodrine, fludrocortisone	<p>Step 2: droxidopa</p> <p>Step 3: Northera</p>	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Osteoporosis Injectables</b>	Osteoporosis	Prolia	Evenity	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Osteoporosis - Parathyroid Hormones</b>	Osteoporosis - Parathyroid Hormones	Tymlos	Forteo, teriparatide	Must try and fail one First Line (Preferred) product.
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists</b>	PAH	ambrisentan, bosentan	Letairis, Tracleer	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Pulmonary Arterial Hypertension - PDE-5 Inhibitors</b>	PAH	sildenafil (excluding Greenstone), tadalafil (PAH)	Revatio, Adcirca, Alyq, Tadliq, sildenafil (Greenstone)	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Dopamine Receptor Agonist</b>	Parkinson's	Generics: i.e., amantadine, bromocriptine mesylate, carbidopa/levodopa, pramipexole	Step 2: apomorphine hydrochloride Step 3: Apokyn	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Kuvan</b>	Phenylketonuria	sapropterin	Kuvan, Javygtor	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Pheochromocytoma</b>	Pheochromocytoma	phenoxybenzamine	Demser, Dibenzyline, metyrosine	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Makena</b>	Preterm Birth	hydroxyprogesterone caproate	Makena	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
Keveyis	Primary Periodic Paralysis	acetazolamide	Keveyis	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antiandrogens - Cancer	Prostate Cancer - Oral	nilutamide, flutamide, bicalutamide	Nilandron, Casodex	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Zytiga	Prostate Cancer - Oral	abiraterone acetate	Zytiga, Yonsa	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Respiratory Infections	Respiratory Infections	ribavirin inhalation	Virazole	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Hydroxyurea Products	Sickle Cell	hydroxyurea	Siklos, Droxia, Hydrea, Endari	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Oxbryta Solution	Sickle Cell	Oxbryta 500mg tablets	Oxbryta 300mg soluble tablets	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Cancer - Bexarotene	T-Cell Lymphoma	bexarotene	Targretin capsules	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Daraprim</b>	Toxoplasmosis	pyrimethamine	Daraprim	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
<b>Immunosuppressants - Cyclosporine</b>	Transplant	cyclosporine, cyclosporine modified	Neoral, Sandimmune	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Immunosuppressants - Mycophenolate</b>	Transplant	mycophenolate, mycophenolic acid	Cellcept, Myfortic	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Immunosuppressants - Sirolimus</b>	Transplant	sirolimus (excluding sirolimus susp - Greenstone)	Rapamune, sirolimus susp (Greenstone)	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Immunosuppressants - Tacrolimus</b>	Transplant	tacrolimus oral	Prograf, Astagraf XL, Envarsus XR	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Ammonia Detoxicant</b>	Urea Cycle Metabolism	sodium phenylbutyrate	Step 2: Buphenyl Step 3: Ravicti, Pheburane	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days. Approve third line medication if patient has at least a 28 day trial of a first and a second line medication within 180 days.
<b>Xipere</b>	Uveitis	Triesence	Xipere	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

Therapeutic Class	Disease State	1 <sup>st</sup> Line Medications	2 <sup>nd</sup> Line Medications	Rules
<b>Progesterones</b>	Vaginal Infertility	Endometrin	Crinone 8%	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Valcyte</b>	Viral Infection	valganciclovir	Valcyte	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
<b>Syprine</b>	Wilson's Disease	Clovique, trientine	Syprine	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days

updated: 8/10/2023

This list is current as of October 1, 2023, and is subject to change with the availability of new medications, settlement agreements, additional patents, exclusivities, and FDA approvals. The reference to any medication above does not mean the medication is covered by your plan. The information contained within this document is proprietary and confidential, and cannot be used, shared, or otherwise be made available for use without prior written approval by BeneCard PBF.

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