

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 st Line Medications	2 nd Line Medications	Rules
Standard				
Daliresp	COPD	roflumilast	Daliresp	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Pulmicort Suspension	Asthma	budesonide suspension	Pulmicort suspension	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Advair Diskus	Asthma	fluticasone/salmeterol diskus	Advair Diskus	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Veozah	Menopausal Symptoms	Generics (hormonal and non-hormonal): i.e., estradiol/norethindrone, estradiol tablet, paroxetine, fluoxetine, sertraline, gabapentin, pregabalin, clonidine, etc., and Prempro, Premphase	Veozah	Approve second line medication if patient has at least 2 different first line medications, each for a 28 day trial within 180 days

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Opioid-Induced Constipation	OIC	Movantik, lubiprostone, Symproic	Amitiza, Relistor	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Pepcid	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
Accrufer	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
Auryxia	Phosphate-Removing Agent	Iron deficiency anemia: ferrous sulfate, ferrous gluconate, ferrous fumarate Hyperphosphatemia: 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
Nitroglycerin	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
Calcitriol	Hyperparathyroidism	calcitriol capsules	Rocaltrol capsules and solution, 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
Zonisamide	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

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Topical Plaque Psoriasis	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
Entadfi	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
Ryaltris	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
Verkazia	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
Nausea and Vomiting of Pregnancy	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
Levonogestrel/ethinyl estradiol	Contraception	Generics: i.e., levonorgestrel/ethinyl estradiol, Amethia, Fayosim, Rivelsa, Simpesse, etc.	Twirla, Balcoltra	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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Loop Diuretics	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
Vivjoa	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
Amiodarone	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
Nitrates	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
Absorica	Acne	Amnesteem, Claravis, isotretinoin, Zenatane	Absorica, Absorica LD	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Adapalene	Acne	adapalene	Differin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Benzoyl Peroxide	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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Benzoyl Peroxide Foam	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
Dapsone	Acne	erythromycin soln and gel, clindamycin, erythromycin/benzoyl and clindamycin combo product (clindamycin/benzoyl), dapsone	Aczone, Amzeeq, Azelex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Sulfacetamide/Sulfur	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
Topical Clindamycin	Acne	clindamycin	Cleocin-T, Clindagel, Evoclin	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Tretinoin	Acne	tretinoin, tretinoin microsphere	Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Aklief	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Winlevi	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
Topical Acne Combinations	Acne Combinations	benzoyl peroxide, adapalene	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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Topical Acne/ Antibiotic Combinations	Acne/ Antibiotics	clindamycin/benzoyl peroxide, clindamycin plus tretinoin	Onexton, BenzaClin, Veltin, Duac, Ziana, Aktipak, Acanya, Twyneo	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Actinic Keratosis	Actinic Keratosis	diclofenac 3%, imiquimod, Zyclara, fluorouracil cream and solution	Ormecca, Aldara, Klisyri, Carac, Tolak, Efudex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
ADHD Extended Release	ADHD	Generic ADHD extended-release meds: i.e., amphetamine/ dextroamphetamine XR, methylphenidate ER, dextroamphetamine ER, etc.	Brand ADHD extended-release (excluding Vyvanse) meds: i.e., Concerta, Focalin XR, Ritalin LA, Intuniv, Daytrana, Quillivant XR, 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
ADHD Immediate Release	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
Relexii	ADHD	methylphenidate tab er osmotic release (osm) 36mg	Relexii, 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>
Decongestant and Antihistamine	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

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Non-Sedating Antihistamines	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
Ethanolamine Derivatives - Antihistamine	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
Intranasal Steroids (Nasal Steroid)	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
Allergic Ophthalmics	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
Alzheimer	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
Cycloplegic Mydriatics	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

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Analgesic - Butalbital	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
Epinephrine Auto-Injectors	Anaphylaxis	Epipen Jr., epinephrine, Symjepi	Auvi-Q, Adrenaclick, Adrenalin, Episnap, Ery Kit, Epipen	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.
Nitro-Time	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
Ranexa	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
Fluoroquinolones	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
Suprax	Antibiotics	cefixime	Suprax	Approve second line medication if patient has at least a 14 day trial of a first line medication within 60 days
Anticoagulants	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

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Lomotil	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
Antifungal - Oral	Antifungals	flucytosine	Ancobon	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antifungals - Oral Azole	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
Anti-Seborrheic Product	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
Antimalarial	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
Antinausea Misc	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
Benzodiazepines	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

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Combination Beta 2 Agonist/ Corticosteroid Inhaler	Asthma	fluticasone/salmeterol (generic AirDuo), Advair HFA, Breo Ellipta, Dulera, Symbicort, Stiolto, Trelegy, Anoro, budesonide/formoterol, Wixela	Duaklir, Airduo, Bevespi	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days.
Inhaled Corticosteroids	Asthma	Asmanex HFA and Twisthaler, Arnuity, Qvar	Alvesco, Pulmicort Flexhaler, Armonair, Flovent Diskus/HFA, fluticasone propionate HFA	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Leukotrienes	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
Short-Acting Inhaled Bronchodilators	Asthma	albuterol hfa	Proventil HFA, Xopenex HFA, levalbuterol hfa, ProAir HFA, ProAir RespiClick, Ventolin HFA	Must try and fail at least a 25 day trial of one first line medication within the last 180 days.
Atopic Dermatitis	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
Immunomodulating Agents, Topical	Atopic Dermatitis	Corticosteroids, Topical: Generic only: i.e., betamethasone, desoximetasone, halobetasol	Step 2: Eucrisa, 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
Slynd	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

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5 Alpha Reductase Inhibitors	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
Alpha 1 Adrenoceptor	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
5 Alpha Reductase Inhibitors Combination	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
Opioid Agonist	Buprenorphine	buprenorphine, buprenorphine td, buprenorphine/naloxone	Bunavail, Suboxone, Butrans, Zubsolv, Belbuca	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Cachexia	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
Cardiac Failure	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
Carnitine Deficiency Agents	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

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Bile Acid Sequestrants	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
Fibrates	Cholesterol	gemfibrozil, fenofibrate (excluding 120mg tablet)	Lipofen, Lofibra, Lopid, Triglide, Fenoglide, Tricor, Fibracor, 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
Nicotinic Acid Derivatives	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
Statins	Cholesterol	simvastatin, pravastatin, lovastatin, atorvastatin, fluvastatin, ezetimibe, rosuvastatin	Caduet, Vytorin, Pravachol, Mevacor, Zocor, Lipitor, Crestor, Zetia, Altoprev, Lescol, Lescol XL, Zypitamag, Flolipid, Ezallor, Livalo, 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
Vascepa	Cholesterol	omega-3-acid ethyl esters, icosapent ethyl	Vascepa, Lovaza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Cuvposa	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

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Bowel Prep	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
Condyloma	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
Kristalose	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
COPD	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
Long-Acting Beta Agonist	COPD	arformoterol, formoterol	Brovana, Perforomist	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Cough Medication	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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Cough Medication - Combinations	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
Alpha Glucosidase Inhibitors	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
DPP-4 Inhibitors	Diabetes	Januvia, Janumet/Janumet XR	Kazano, Nesina, Oseni, alogliptin, alogliptin/metformin, Tradjenta, Jentadueto/XR, Kombiglyze XR, Onglyza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Glinides	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
GLP-1 Agonists	Diabetes	generic diabetes medications: e.g., metformin, sulfonylureas, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, sulfonylurea/TZD, insulin, insulin/GLP-1	Step 2: Ozempic, Trulicity, Rybelsus, Mounjaro Step 3: Tanzeum, Adlyxin, Byetta, Bydureon, Symlinpen, Victoza	Must try and fail one step 1 product for step 2 medications. For step 3 medications, must meet step 2 requirements plus trial of one step 2 medication. 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.

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Insulin	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. No look-back period and requires clinical review.
Insulins, Rapid-Acting	Diabetes	Novolog, Fiasp, insulin aspart, insulin aspart proteamine/insulin aspart	Apidra, Admelog, Humalog, Afrezza, insulin lispro, Lyumjev, Humalog Tempo	Must try and fail or have intolerance to first line agent. No look-back period and requires clinical review.
Long-Acting Insulin	Diabetes	Semglee, insulin glargine-yfgn, Tresiba	Lantus, Basaglar, insulin glargine (Winthrop), insulin glargine solostar (Winthrop), insulin degludec, Rezvoglar	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days. No look-back period and requires clinical review.
Metformin	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
SGLT2 Inhibitor Combination	Diabetes	Glyxambi, Trijardy XR	Qtern, Steglujan	Must try and fail or have intolerance to first line agent. No look-back period and requires clinical review.
SGLT2 Inhibitors	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. No look-back period and requires clinical review.
Sulfonylurea	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

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Thiazolidinediones	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
Endocrine	Diabetes, Enuresis, Pituitary Disorders, Polydipsia/ Polyuria	desmopressin, Stimate	DDAVP, Minirin, Noctiva, Nocurna	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Blood Glucose Monitors and Strips	Diabetic Supplies	Ascensia (Contour, Contour Next), LifeScan (OneTouch Ultra, Onetouch Verio)	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	Must try and fail or have intolerance to first line agent. No look-back period and requires clinical review.
Dry Eye	Dry Eye Disease	cyclosporine 0.05%	Restasis, Restasis Multidose, Tyrvaya, Xiidra, Cequa, Lacrisert	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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MSD - Oral	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.
Osteoporosis	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
Estrogen Combination Patches	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
Estrogen Patch	Estrogen Replacement	estradiol TD patch, Lyllana, Dotti	Climara, Menostar, Alora, Minivelle, Vivelle-Dot	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Topical Estrogen	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
Reltone	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
Librax	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Metoclopramide	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
Glaucoma	Glaucoma	brimonidine tartrate, apraclonidine, dorzolamide/timolol, brimonidine tartrate/timolol	Alphagan P 0.15%, Iopidine, Cosopt, Combigan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Glaucoma - Beta Blockers	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 2 different first line medications, each for a 30 day trial, within 180 days
Glaucoma (Ophthalmic Prostaglandins)	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
Ophthalmic	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
Colchicine	Gout	probenecid/colchicine, colchicine tablets	Colcrys, 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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Xanthine Oxidase Inhibitor	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
Lice	Head Lice	malthion, spinosad	Ovide, Natroba	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Nephilysin Inhibitor/ARB Combination	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
Anthelmintic	Helminths	praziquantel	Biltricide	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Antiviral	Herpes	valacyclovir	Valtrex	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
Zovirax Oral	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
Zovirax Topical	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Zirgan	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
Oral Estrogen	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
Oral Progesterone	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
ATP Citrate Lyase Inhibitors	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
Hyperhidrosis	Hyperhidrosis	Drysol	Qbrexza	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Ryclora	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
ACE Inhibitors	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, Univasc, Vasotec	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 st Line Medications	2 nd Line Medications	Rules
ACE Thiazide Combo	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
ACE/CCB Combo	Hypertension	Generics: i.e., amlodipine/benazepril	Brands: i.e., Lotrel, Tarka, Prestalia, etc.	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Aldactazide	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
ARB/CCB Combo	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 2 different first line medications, each for a 30 day trial, within 180 days
ARBs	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
Beta Blocker Thiazide Combo	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Beta Blockers	Hypertension	Generics: i.e., acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, esmolol, labetaol, metoprolol, nadolol, pindolol, propranolol, sotolol, 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
Calcium Channel Blockers - Dihydropyridines	Hypertension	Generics: i.e., amlodipine (excluding Greenstone), diltiazem, nimodipine, nisoldipine er, 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, amlodipine (Greenstone)	Approve second line medication if patient has at least 2 different first line medications each for a 30 day trial within 180 days
Calcium Channel Blockers - Verapamil	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
Tekturna	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
Thiazides	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
Consensi	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Hypotrichosis	Hypotrichosis	bimatoprost	Latisse	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Irritable Bowel Syndrome and Chronic Constipation Agents	IBS-C	Trulance, lubiprostone	Linzess, Amitiza, Motegrity, Zelnorm, Ibsrela	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Immunosuppressant - Azathioprine	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
Anti-Inflammatory	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, Relafen, Naprosyn and naproxen ER/CR and susp, indomethacin (single-source), ketoprofen 25mg, etodolac ER, etc., and fenoprofen, meloxicam capsules and susp, diclofenac 50mg packets	Approve second line medication if patient has at least 2 different first line medications, each for a 30 day trial within 180 days
Anti-Inflammatory Ulcer	Inflammation	generic NSAID and generic PPI or generic H2 Blocker: i.e., famotidine, ranitidine, esomeprazole, omeprazole, pantoprazole	Step 2: naproxen/esomeprazole, diclofenac sodium/misoprostol, ibuprofen/famotidine Step 3: Vimovo, Duexis, Arthrotec	Approve second line medication if patient has at least 2 different 30 day trials of a first line medication within 180 days. Approve third line medication if patient has at least 2 different 30 day trials of a first line medication AND a 30 day trial of a second line medication within 180 days

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Anti-Inflammatory- Celebrex	Inflammation	NSAID (generic only; exclude brands and naproxen er), celecoxib	Celebrex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Glucocorticosteroids	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
Steroid-Local Anesthetic Combinations	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
Topical Anti-Inflammatory	Inflammation	diclofenac 1% gel	Voltaren, Pennsaid, Vopac MDS, Flector, Licart, diclofenac 1.5% solution, Vennigel 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
Topical Corticosteroids	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	Approve second line medication if patient has 2 different first line medications, each for least a 30 day trial within 180 days
Inflammatory Bowel - Mesalamine	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
Inflammatory Bowel Agents- Oral	Inflammtory Bowel	balsalazide disodium, sulfazalazine, sulfazine, mesalamine, mesalamine dr	Asacol HD, Dipentum, Pentasa, Giazol, 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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Influenza	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
Sleep Aids	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
Elmiron	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
Irritable Bowel	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
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
Hormone Replacement/ Menopausal Symptoms	Menopausal Symptoms	estradiol/norethindrone, Amabelz, Fyavolv, Jinteli, Mimvey	Activella, Angeliq, Bijuva	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	Approve second line medication if patient has tried at least 2 different first line medications, each for a 30 day trial, within 180 days

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
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 2 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>
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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Migraine Ergotamines	Migraines	dihydroergotamine nasal	Migranal, Trudhesa	Approve second line medication if patient has at least a 30 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, Zavzpret	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
Central Muscle Relaxants	Muscle Pain	baclofen, carisoprodol, chlorzoxazone (excluding 375mg), 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 375mg, cyclobenzaprine er	Approve second line medication if patient has at least 2 different 15 day trials of a first line medication within 180 days

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Norgesic Forte	Muscle Pain	generic centrally acting muscle relaxants and generic NSAIDs: i.e., baclofen, orphenadrine, cyclobenzarpine, 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
Narcolepsy	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
Narcotic Antagonists	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
Antinausea	Nausea	aprepitant, ondansetron, granisetron	Aloxi, Anzement, Kytril, Sancuso, Sustol, Zofran, Zuplenz, Emend, Akynzeo	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Gabapentin	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
Weight Loss	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
NSAID Ophthalmics	Ocular Inflammation	generics (excluding bromfenac): diclofenac, ketorolac	llevro, 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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Ophthalmic Steroids	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
Miacalcin	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
Bisphosphonates	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
Analgesics - APAP Combination	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
Analgesics - Fentanyl	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
Analgesics - Tramadol	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Long-Acting Analgesics	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.
Pain - Levorphanol	Pain	methadone	levorphanol	Approve second line medication if patient has at least a 15 day trial of a first line medication within 180 days
Seglentsis	Pain	tramadol PLUS a generic NSAID: i.e., ibuprofen, naproxen, diclofenac, etc.	Seglentsis	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
Short Acting Analgesics	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
Topical Analgesics Patches	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
Transmucosal Fentanyl	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 st Line Medications	2 nd Line Medications	Rules
Pancreatic Enzymes	Pancreatic Insufficiency	Zenpep, Creon	Pancrease, Pertzye, Viokace	Approve second line medication if patient has at least a 30 day trial of both first line medications within 180 days
Antiparkinson Dopaminergics	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
Monoamine Oxidase Inhibitor	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
Glycopyrrolate	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
Phosphate Binders	Phosphate Binders	calcium acetate, Velphoro, sevelamer, lanthanum carbinat	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
Topical Plaque Psoriasis -- Vitamin D analog/corticosteroids	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
Platelet Aggregation	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 st Line Medications	2 nd Line Medications	Rules
Platelet Aggregation Combination	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
Urso	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
Antirheumatic	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
Methotrexate	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
Rosacea Metronidazole	Rosacea	metronidazole external cream, gel, or lotion	Metrogel, Metrocream, Noritate, Rosadan, Zilxi	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Rosacea Soolantra	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
Rosacea Sulfacetamide-sulfur	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 st Line Medications	2 nd Line Medications	Rules
Yosprala	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
Anticonvulsant	Seizures	oxcarbazepine	Trileptal	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Anticonvulsant - Miscellaneous	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
Anticonvulsant - Oxcarbazepine	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
Anticonvulsant - Lamictal	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
Anticonvulsant - Topamax	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
ADHD	Strattera	atomoxetine	Strattera	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 st Line Medications	2 nd Line Medications	Rules
Androgens	Testosterone Replacement	testosterone topical and injectable generics	Fortesta, Striant, Testim, Vogelxo, Natesto, Androderm, Androgel 1%, Axiron, Androgel 1.62%, Aveed, Methitest, methyltestosterone, Android, Testred, Jatenzo, Xyosted, Tlando, Kyzatrex	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Tetracycline - Oral	Tetracycline - Oral	generic demeclocycline, doxycycline (excluding hyclate dr tab and doxycycline monohydrate capsules - Chartwell Rx), 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 dr tab, doxycycline monohydrate capsules (Chartwell Rx)	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Basal Cell Carcinoma	Topical Antimetabolite	fluorouracil cream and solution, imiquimod cream, Carac, Fluoroplex	Tolak, Efudex Cream, Aldara	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Topical Fungals	Topical Fungals	ketoconazole (excluding 2% foam), 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, ketoconazole 2% foam, luliconazole	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Topical Nail Lacquer	Topical Fungals	ciclopirox, clotrimazole	Jublia, Kerydin, Dermasorb, Penlac, Lamisil, Exelderm, tavaborole	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 st Line Medications	2 nd Line Medications	Rules
Topical External Pain	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
Psoriasis	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
Carafate	Ulcer	sucralfate	Carafate	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Proton Pump Inhibitors	Ulcer/GERD	omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole, Nexium packets only	Aciphex, Dexilant, Prevacid, 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
Ulcer Therapy Combinations	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
Ulcerative Colitis	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
Urinary	Urinary Spasm	oxybutynin ir, oybutynin xl, trospium ir/xr, tolterodine ir, tolterodine la, darifenacin, solifenacin, fesoterodine er	Detrol, Detrol LA, Ditropan, Ditropan XL, Sanctura, Sanctura XR, Toviaz, Enablex, Vesicare, Oxytrol, Gelnique, Oxytrol for Women (OTC), Myrbetriq, Gemtesa	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 st Line Medications	2 nd Line Medications	Rules
Brexafemme	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
Nuvaring	Vaginal Contraceptive	Eluryng, etonogestrel/ethinyl estradiol vaginal ring, Haloette	Nuvaring, Annovera	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Vaginal Estrogen	Vaginal Estrogen	estradiol vaginal tab and cream, estradiol patch	Femring, Estrace Cream, Yuvaferm, Estring, Imvexxy, Intrarosa, Ospheña, Premarin cream, Vagifem	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Vaginal Antibiotics	Vaginal Infection	metronidazole vaginal, clindamycin vaginal cream	Nuessa, 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
Nascobal	Vitamin B ₁₂ Deficiency	cyanocobalamin	Nascobal	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Folic Acid Combinations	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
Multivitamin/Folic Acid Combination	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 st Line Medications	2 nd Line Medications	Rules
Pediatric Multivitamin/Fluoride Combination	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
Prenatal Vitamins	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
Mephyton	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
Facial Wrinkles - Retinoids	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
Specialty				
Sodium Oxybate	Narcolepsy	sodium oxybate	Xyrem, Xywav*, Lumryz	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days *Bypass step therapy for Xywav requests if the diagnosis is idiopathic hypersomnia.
Camzyos	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Acthar	Adrenocorticotropin Stimulating Hormone	Cortrophin	Acthar	Approve second line medication if patient has at least a 14 day trial of a first line medication within 180 days
Tyvaso	Pulmonary Arterial Hypertension (PAH)	Tyvaso solution	Tyvaso DPI	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Recorlev	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
Myelofibrosis	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
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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
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
Erythroid Stimulants	Anemia	Retacrit	Step 2: Aranesp Step 3: Epogen, Mircera, 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.
Antiarrhythmia	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Remicade	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
Cancer - Capecitabine	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
Estrogen Receptor Antagonist	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
Tykerb	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
Abraxane	Cancer	paclitaxel	Abraxane	Approve second line medication if patient has at least a 21 day trial of a first line medication within 180 days
Afinitor	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
Avastin	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Calquence	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
Cancer - Erlotinib	Cancer	erlotinib	Tarceva	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Herceptin	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
Sutent	Cancer	sunitinib	Sutent	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Targetin Gel	Cancer	bexarotene gel	Targetin 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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
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. No look-back period and requires clinical review.
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
Cancer - Romidepsin	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Cystic Fibrosis	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
Cuprimine	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
DVT	DVT	enoxaparin	Lovenox	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Infertility - Follitropins	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
Infertility - GnRH Antagonists	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
Gaucher's Disease	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
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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
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. No look-back period and requires clinical review.
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, Fylnetra, 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, Epivir-HBV solution	Hepsera, Tyzeka, Vemlidy, Baraclude tablets, Epivir-HBV 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: Eplusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier Step 3: Viekira, Technivie, Daklinza, 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, Eplusa, Mavyret, Sovaldi, Vosevi	Viekira, Technivie, Daklinza, Zepatier, Sovaldi, Olysio, Daklinza	Require use of preferred agent, Grandfathering allowed. No Metavir management.
Firazyr	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Orfadin	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
Atripla	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
Diarrhea	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
Emtriva	HIV	emtricitabine	Emtriva	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
HIV	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.
Kaletra Solution	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 st Line Medications	2 nd 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 st Line Medications	2 nd Line Medications	Rules
Esbriet	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
Infertility - Chorionic Gonadatropin	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Autoimmune Inflammation	Inflammatory Conditions	<p>Step 1a: Ankylosing Spondylitis: Cosentyx, Enbrel, Humira, Amjevita, Cyltezo</p> <p>Step 1b: Ankylosing Spondylitis (directed to <u>one</u> step 1a TNF inhibitor: Enbrel OR Humira, Amjevita, or Cyltezo): Xeljanz/XR</p> <p>Crohn's Disease: Humira, Stelara, Skyrizi, Amjevita, Cyltezo</p> <p>Step 1a Non-Radiographic Axial Spondyloarthritis: Cimzia, Cosentyx</p> <p>Step 1b: Non-Radiographic Axial Spondyloarthritis (directed to <u>one</u> step 1a TNF inhibitor: Cimzia): Rinvoq</p>	<p>Ankylosing Spondylitis (directed to <u>two</u> step 1 agents): Cimzia, Simponi, Taltz</p> <p>Crohn's Disease (directed to <u>two</u> step 1 agents, one of which must be Humira, Amjevita, or Cyltezo): Cimzia</p> <p>Non-Radiographic Axial Spondyloarthritis (directed to <u>two</u> step 1 agents): Taltz</p> <p>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo): 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 st Line Medications	2 nd Line Medications	Rules
Autoimmune Inflammation (Cont.)	Inflammatory Conditions	<p>Step 1a: Polyarticular Juvenile Idiopathic Arthritis: Enbrel, Humira, Amjevita, Cyltezo</p> <p>Step 1b: Polyarticular Juvenile Idiopathic Arthritis (directed to <u>one</u> step 1a agent): Xeljanz</p> <p>Psoriasis: Cosentyx, Enbrel, Humira, Skyrizi, Stelara, Tremfya, Otezla, Amjevita, Cyltezo</p>	<p>Polyarticular Juvenile Idiopathic Arthritis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo): Actemra</p> <p>Polyarticular Juvenile Idiopathic Arthritis (directed to <u>two</u> step 1 or 2 agents): Orencia</p> <p>Psoriasis (directed to <u>two</u> step 1 agents): Cimiza, Ilumya</p> <p>Psoriasis (directed to <u>three</u> step 1 agents): Taltz, Siliq, Sotyktu</p> <p>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo): 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 st Line Medications	2 nd Line Medications	Rules
Autoimmune Inflammation (Cont.)	Inflammatory Conditions	<p>Step 1a: Psoriatic Arthritis: Cosentyx, Enbrel, Humira, Stelara, Tremfya, Otezla, Skyrizi, Amjevita, Cyltezo</p> <p>Step 1b: Psoriatic Arthritis (directed to <u>one</u> step 1a TNF inhibitor: Enbrel or Humira): Xeljanz/XR, Rinvoq</p> <p>Step 1a: Rheumatoid Arthritis: Enbrel, Humira, Amjevita, Cyltezo</p> <p>Step 1b: Rheumatoid Arthritis (directed to <u>one</u> step 1a agent): Rinvoq, Xeljanz/XR</p> <p>Step 1a: Ulcerative Colitis: Humira, Stelara, Amjevita, Cyltezo</p> <p>Step 1b: Ulcerative Colitis (directed to <u>one</u> step 1a TNF inhibitor: Humira, Amjevita, or Cyltezo): Rinvoq, Xeljanz/XR</p>	<p>Psoriatic Arthritis (directed to <u>two</u> step 1 agents): Cimzia, Orencia, Simponi, Taltz</p> <p>Rheumatoid Arthritis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo): Actemra</p> <p>Rheumatoid Arthritis (directed to <u>two</u> step 1 agents): Olumiant, Cimzia, Kevzara, Kineret, Orencia, Simponi</p> <p>Ulcerative Colitis (directed to <u>one</u> step 1 agent: Humira, Amjevita, or Cyltezo): Simponi</p> <p>Humira Biosimilars (directed to <u>three</u> step 1 agents: Humira, Amjevita, and Cyltezo): 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>
Banzel	Lennox-Gastaut Syndrome	Banzel Tablet, rufinamide suspension and tablets	Banzel Suspension	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 st Line Medications	2 nd 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	Multiple Sclerosis: glatiramer acetate, dimethyl fumarate, fingolimod, teriflunomide, Glatopa Ulcerative Colitis: Humira, Stelara, Xeljanz/XR, Rinvoq, Amjevita, Cyltezo	Zeposia	Approve second line medication if patient has at least a 28 day trial of one medication (MS) or TWO first line medications (UC) within 180 days
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 st Line Medications	2 nd Line Medications	Rules
Multiple Sclerosis	Multiple Sclerosis	glatiramer acetate, dimethyl fumarate, fingolimod, teriflunomide, Glatopa	<p>Step 2: Betaseron, Avonex, Plegridy, Rebif, Mavenclad, Mayzent, Kesimpta, Vumerity</p> <p>Step 3: Extavia, Tecfidera, Copaxone, Bafiertam, Ponvory, Tascenso ODT, Gilenya, Aubagio</p>	<p>Step 2 Medications: Must try and fail or have intolerance to one step 1 drug. Step 3 Medications: Must try and fail or have an intolerance to three different step 1 and 2 drugs in different classes. One of the three drugs must be an AB-rated generic for Copaxone, Glatopa, Gilenya, or Tecfidera.</p> <p>Grandfathering allowed with indefinite lookback for all medications except Glatopa, Gilenya, Copaxone, and Tecfidera, which do not allow grandfathering.</p> <p>**Prescriber must provide written documentation supporting trial of Preferred agents, noted in criteria as [documentation required]. Only attestation is required; does not require chart notes.**</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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Northera	Orthostatic Hypotension	midodrine, fludrocortisone	Step 2: droxidopa Step 3: Northera	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Osteoporosis Injectables	Osteoporosis	Prolia	Evenity	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Osteoporosis - Parathyroid Hormones	Osteoporosis - Parathyroid Hormones	Tymlos	Forteo, teriparatide	Must try and fail one First Line (Preferred) product.
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists	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
Pulmonary Arterial Hypertension - PDE-5 Inhibitors	PAH	sildenafil (excluding Greenstone), tadalafil (PAH)	Revatio, Adcirca, Alyq, Tadiq, sildenafil (Greenstone)	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Dopamine Receptor Agonist	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
Kuvan	Phenylketonuria	sapropterin	Kuvan	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Pheochromocytoma	Pheochromocytoma	phenoxybenzamine	Demser, Dibenzylamine, metyrosine	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 st Line Medications	2 nd Line Medications	Rules
Makena	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
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
Prostate Cancer	Prostate Cancer - Injectable	Trelstar, Firmagon	Eligard, Camcevi	Approve second line medication if patient has at least a 28 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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
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
Daraprim	Toxoplasmosis	pyrimethamine	Daraprim	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Immunosuppressants - Cyclosporine	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
Immunosuppressants - Mycophenolate	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
Immunosuppressants - Sirolimus	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
Immunosuppressants - Tacrolimus	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

Therapeutic Class	Disease State	1 st Line Medications	2 nd Line Medications	Rules
Ammonia Detoxicant	Urea Cycle Metabolism	sodium phenylbutyrate	Step 2: Buphenyl Step 3: Ravicti	Approve second line medication if patient has at least a 28 day trial of a first line medication within 180 days
Xipere	Uveitis	Triesence	Xipere	Approve second line medication if patient has at least a 30 day trial of a first line medication within 180 days
Progesterones	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
Valcyte	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
Syprine	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: 10/5/2023

This list is current as of January 1, 2024, 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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