

Step Therapy Requirements

Medications that require Step Therapy (ST) require trial and failure of preferred formulary agents prior to their authorization. If the prerequisite medications have been filled within the specified time frame, the prescription will automatically process at the pharmacy. Prior Authorization will be required for prescriptions that do not process automatically at the pharmacy.

Medication or Drug Class Name	Step Therapy Requirement
<ul style="list-style-type: none"> • ABSORICA CAPSULE • AMNESTEEM CAPSULE • CLARAVIS CAPSULE • MYORISAN CAPSULE • ZENATANE CAPSULE 	Use ORAL DOXYCYCLINE, ORAL MINOCYCLINE or ORAL TETRACYCLINE for at least 30 day supply within the last 130 days.
<ul style="list-style-type: none"> • ACCOLATE TABLET 	Use SINGULAIR within the last 130 days.
<ul style="list-style-type: none"> • ACIPHEX SPRINKLE 	Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST-OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days.
<ul style="list-style-type: none"> • ACYCLOVIR OINTMENT 	Use of oral acyclovir or Abreva
<ul style="list-style-type: none"> • ALBUTEROL SULFATE 0.63MG/3ML • ALBUTEROL SULFATE 1.25MG/3ML 	Use of ALBUTEROL SULFATE 2.5MG/3ML within the last 90 days.
<ul style="list-style-type: none"> • ATRALIN • RETIN-A MICRO GEL, • REFISSA, • RENOVA, • TRETIN-X CREAM, • RETIN-A, • AVITA GEL /CREAM • RETIN-A MICRO PUMP 	The patient has been diagnosed with a certain medical condition ICD 10 - L70.* - Acne
<ul style="list-style-type: none"> • AZOPT 	Use of DORZOLAMIDE or DORZOLAMIDE/TIMOLOL
<ul style="list-style-type: none"> • AZOPT EYE DROPS 	Use of COSOPT or TRUSOPT within the last 130 days.
<ul style="list-style-type: none"> • CELEBREX 	Use of Oral PROTON-PUMP INHIBITORS, HISTAMINE H2-RECEPTORS INHIBITORS, GLUCOCORTICOIDS or ANTICOAGULANTS within the last 180 days.
<ul style="list-style-type: none"> • CELECOXIB 	Use of 3 of the following agents in the previous 180 days: formulary NSAIDs or tramadol. In addition, patients with a claim for a PPI, H2 receptor antagonist, prednisone, warfarin, Xarelto, Pradaxa, Eliquis in the previous 90 days may receive celecoxib without the other step requirements.
<ul style="list-style-type: none"> • DETROL TABLET 	Use of at least a 60 day supply of DITROPAN XL, GELNIQUE, OXYTROL or OXYTROL FOR WOMEN within the last 130 days.
<ul style="list-style-type: none"> • DIFFERIN CREAM • DIFFERIN GEL or PUMP 	The patient has been diagnosed with a certain medical condition. ICD 10 - L70.* - Acne

<ul style="list-style-type: none"> • DOLOPHINE TABLET • METHADONE HCL ORAL SOLN • DISKETTS SOLUBLE TABLET • METHADOSE SOLUBLE TABLET • METHADOSE ORAL CONCENTRATE 	<p>The patient has been diagnosed with a certain medical condition.</p> <p>ICD 10 - C00.* to C96.* -Malignant neoplasm of lip to Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue</p> <p>ICD 10 - D57.* -Sickle cell disorders</p> <p>ICD 10 - Z51.5*- Encounter for palliative care</p>
<p>DPP4 INHIBITORS:</p> <ul style="list-style-type: none"> • TRADJENTA • JENTADUETO 	<p>Use of metformin in the previous 130 days</p>
<ul style="list-style-type: none"> • DURAGESIC PATCH OR FENTANYL PATCH 	<p>The patient has been diagnosed with a certain medical condition.</p> <p>ICD 10 - C00.* to C96.* -Malignant neoplasm of lip to Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue</p> <p>ICD 10 - D57.* -Sickle cell disorders</p> <p>ICD 10 - Z51.5*- Encounter for palliative care</p>
<ul style="list-style-type: none"> • ELESTAT DROPS 	<p>Use of OPTHALMIC ALAWAY, ALLERGY EYE, ALLERGY EYE DROPS, ANTIHISTAMINE EYE DROPS, CHILDREN'S ALAWAY, EYE ITCH RELIEF, ITCHY RELIEF, WAL-ZYR or ZADITOR within the last 130 days.</p>
<ul style="list-style-type: none"> • ELIDEL 	<p>Use of 2 FEDERAL LEGEND TOPICAL CORTICOSTEROID within the last 130 days.</p>
<ul style="list-style-type: none"> • FLONASE NASAL SPRAY (LEGEND) 	<p>Use of at least 2 of the following medications within the last 130 days: OTC FLONASE SENSIMIST, FLONASE ALLERGY RELIEF, FLUTICASONE PROPIONATE, CHILDREN'S FLONASE ALLERGY RLF, CLARISPRAY, ALLERGY RELIEF, ALLER-FLO, RHINOCORT ALLERGY, NASACORT ALLERGY, NASAL ALLERGY SPRAY, or CHILDREN'S NASACORT.</p>
<ul style="list-style-type: none"> • FORADIL 	<p>Use of BOTH Arcapta Neohaler and Striverdi Respimat in the previous 130 days</p>
<ul style="list-style-type: none"> • GARDASIL OR GARDASIL 9 	<p>Not covered for:</p> <p>Male and female patients 8 years of age and younger</p> <p>Male patients 16 yaers of age or older</p> <p>FEMALE patients 27 years of age and older</p> <p>A coverage review may be offered if there is a phone number following this message (MCO: STF 309783):</p>
<p>GLP1 AGONISTS:</p> <ul style="list-style-type: none"> • TRULICITY • TANZEUM 	<p>Use of metformin in the previous 130 days</p>
<ul style="list-style-type: none"> • JENTADUETO TABLET 	<p>Use of METFORMIN or METFORMIN COMBINATION products within the last 130 days.</p>
<ul style="list-style-type: none"> • JENTADUETO XR TABLET 	<p>Use of at least a 60 day supply of ALOGLIPTIN, LINAGLIPTIN, METFORMIN or METFORMIN combination products within the last 130 days.</p>

<ul style="list-style-type: none"> • KAPVAY • INTUNIV 	<p>Not covered for patients 6 to 17 years of age. A coverage review may be offered if there is a phone number following this message (MCO: STF 309782):</p>
<ul style="list-style-type: none"> • LEVALBUTEROL TARTRATE HFA • XOPENEX HFA 	<p>Use of at least a 15 day supply of ALBUTEROL SULFATE HFA, PROAIR HFA, PROVENTIL HFA or VENTOLIN HFA within the last 130 days.</p>
<ul style="list-style-type: none"> • MODERIBA, • RIBAPAK • RIBATAB DOSE PACK 	<p>Use of PEGASYS, PEGASYS PROCLICK, PEG-INTRON, PEG-INTRON REDIPEN, SYLANTRON, SYLANTRON 4-PACK, HARVONI, OLYSIO or SOVALDI within the last 30 days.</p>
<ul style="list-style-type: none"> • MS CONTIN ER TABLET 	<p>The patient has been diagnosed with a certain medical condition.</p>
<ul style="list-style-type: none"> • NASAL STEROIDS: • FLUNISOLIDE • FLUTICASONE (GENERIC RX) • TRIAMCINOLONE (GENERIC RX) 	<p>Use of 2 of any of the following: Flonase OTC, Rhinocort OTC, or Nasacort OTC within the past 130 days</p>
<ul style="list-style-type: none"> • NEXIUM RX DELAYED RELEASE CAPSULE (FEDERAL LEGEND BRAND) 	<p>Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST- OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days.</p>
<ul style="list-style-type: none"> • NEXIUM RX PACKET 	<p>Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST- OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days</p>
<p>OPHTHALMIC ANTIHISTAMINES:</p> <ul style="list-style-type: none"> • AZELASTINE • EPINASTINE 	<p>Use of ketotifen ophthalmic in the previous 130 days</p>
<ul style="list-style-type: none"> • OPTIVAR DROPS 	<p>Use of OPTHALMIC ALAWAY, ALLERGY EYE, ALLERGY EYE DROPS, ANTIHISTAMINE EYE DROPS, CHILDREN'S ALAWAY, EYE ITCH RELIEF, ITCHY RELIEF, WAL-ZYR or ZADITOR within the last 130 days.</p>
<ul style="list-style-type: none"> • OXYMORPHONE ER 	<p>Use of 2 of the following agents in the previous 180 days: fentanyl, methadone, morphine, oxycodone</p>
<ul style="list-style-type: none"> • OXYMORPHONE HCL ER TABLET 	<p>Use of 2 of the following agents in the previous 180 days: fentanyl, methadone, morphine, oxycodone</p>
<ul style="list-style-type: none"> • PANTOPRAZOLE 	<p>Use of 2 different formulary PPI's (omeprazole OTC, esomeprazole OTC, or lansoprazole OTC) in the previous 130 days</p>
<ul style="list-style-type: none"> • PARICALCITOL 	<p>Use of calcitriol for at least 60 days</p>
<ul style="list-style-type: none"> • PREVACID RX CAPSULE, • PREVACID OTC CAPSULE, • HEARTBURN RELIEF CAPSULE • HEARTBURN TREATMENT 24 HOUR CAPSULE 	<p>Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST- OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days.</p>
<ul style="list-style-type: none"> • PROTOPIC OINTMENT 	<p>Use of at least TWO DIFFERENT FEDERAL LEGEND TOPICAL ANTI- INFLAMMATORY STEROIDAL MEDICATIONS within the last 130 days.</p>
<ul style="list-style-type: none"> • REBETOL ORAL SOLUTION 	<p>Use of PEGASYS, PEGASYS PROCLICK, PEG-INTRON, PEG-INTRON REDIPEN, SYLANTRON, SYLANTRON 4-PACK, HARVONI, OLYSIO or SOVALDI within the last 30 days.</p>
<ul style="list-style-type: none"> • RIBAVIRIN 	<p>Use of Pegasys, Peg-Intron, Harvoni, Olysidio or Sovaldi in the previous 30 days to assure that patients are taking ribavirin with other appropriate hepatitis C medications and not as monotherapy</p>

<ul style="list-style-type: none"> • SANCTURA TABLET • SANCTURA XR CAPSULE 	Use of at least a 60 day supply of OXYBUTYNIN or OXYBUTYNINCHLORIDE within the last 130 days.
<ul style="list-style-type: none"> • SPIRIVA 	Use of either Incruse Ellipta OR Tudorza Pressair in the previous 130 days
<ul style="list-style-type: none"> • STIOLTO RESPIMAT 	Use of ANORO ELLIPTA or INCRUSE ELLIPTA within the last 130 days.
<ul style="list-style-type: none"> • TANZEUM PEN INJECTOR 	Use of METFORMIN or METFORMIN COMBINATION products within the last 130 days.
<ul style="list-style-type: none"> • TOPICAL CALCINURIN INHIBITORS: ELIDEL, TACROLIMUS 	Use of topical corticosteroids for at least 60 days duration in the previous 130 days
<ul style="list-style-type: none"> • TRADJENTA TABLET 	Use of METFORMIN or METFORMIN COMBINATION products within the last 130 days.
<ul style="list-style-type: none"> • TRIAMCINOLONE ACETONIDE AEROSOL SPRAY 	Use of at least 2 of the following medications within the last 130 days: OTC FLONASE SENSIMIST, FLONASE ALLERGY RELIEF, FLUTICASONE PROPIONATE, CHILDREN'S FLONASE ALLERGY RELIEF, CLARISPRAY, ALLERGY RELIEF, ALLER-FLO, RHINOCORT ALLERGY, NASACORT ALLERGY, NASAL ALLERGY SPRAY, or CHILDREN'S NASACORT.
<ul style="list-style-type: none"> • TROSPIUM ER, TOLTERODINE IR 	Use of oxybutynin for at least 60 days duration in the previous 130 days
<ul style="list-style-type: none"> • TRULICITY PEN INJECTOR 	Use of METFORMIN or METFORMIN COMBINATION products within the last 130 days.
<ul style="list-style-type: none"> • ULORIC 	Use of allopurinol for at least 60 days in the previous 90 days
<ul style="list-style-type: none"> • VYTORIN TABLET 	Use of at least 2 of the following medications within the last 130 days: LIPITOR, ZOCOR or CRESTOR.
<ul style="list-style-type: none"> • ZAFIRLUKAST 	Use of an inhaled beta-agonist, inhaled corticosteroid, or theophylline in the previous 130 days
<ul style="list-style-type: none"> • ZEGERID RX CAPSULE • ZEGERID OTC CAPSULE 	Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST-OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days.
<ul style="list-style-type: none"> • ZEGERID RX PACKET (BRAND) 	Use of PRILOSEC RX, PRILOSEC OTC, OMEPRAZOLE, FIRST-OMEPRAZOLE, OMEPRAZOLE+SYRSPEND SF ALKA, OMECLAMOX-PAK, ZEGERID RX or ZEGERID OTC within the last 130 days.
<ul style="list-style-type: none"> • ZEMPLAR CAPSULE 	Use of at least a 60 day supply of ROCALTROL within the last 130 days.
<ul style="list-style-type: none"> • ZETIA 	Use of 2 of the following statins (atorvastatin, simvastatin, or Crestor) in the previous 130 days
<ul style="list-style-type: none"> • ZETIA TABLET 	Use of at least 2 of the following medications within the last 130 days: CRESTOR, LIPITOR or ZOCOR.
<ul style="list-style-type: none"> • ZOVIRAX OINTMENT 	Use of ORAL ZOVIRAX or ABREVA within the last 130 days.