

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 |
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| <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"> AZOPT | Use of DORZOLAMIDE or DORZOLAMIDE/TIMOLOL |
| <ul style="list-style-type: none"> BUDESONIDE-FORMOTEROL (SYBMICORT) BREYNA | Use of generic Fluticasone/Salmeterol (generic Airduo) |
| <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"> ALOGLIPTIN ALOGLIPTIN-PIOGLITAZONE | Use of METFORMIN or METFORMIN COMBINATION products within the last 130 days. |
| <ul style="list-style-type: none"> Perforomist (formoterol) | Use of Striverdi Respimat in the previous 130 days |
| <ul style="list-style-type: none"> OZEMPIC RYBELSUS | Use of metformin in the previous 130 days |
| NASAL STEROIDS: <ul style="list-style-type: none"> FLUNISOLIDE FLUTICASONE (GENERIC RX) TRIAMCINOLONE (GENERIC RX) | Use of 2 of any of the following: Flonase OTC, Rhinocort OTC, or Nasacort OTC within the past 130 days |
| OPHTHALMIC ANTIHISTAMINES: <ul style="list-style-type: none"> AZELASTINE EPINASTINE | Use of ketotifen ophthalmic in the previous 130 days |
| <ul style="list-style-type: none"> PARICALCITOL | Use of calcitriol for at least 60 days |
| <ul style="list-style-type: none"> STIOLTO RESPIMAT | Use of ANORO ELLIPTA or INCRUSE ELLIPTA within the last 130 days. |
| TOPICAL CALCINURIN INHIBITORS: <ul style="list-style-type: none"> ELIDEL (pimecrolimus), TACROLIMUS | Use of topical corticosteroids for at least 60 days duration in the previous 130 days |
| <ul style="list-style-type: none"> TROSPIMUM ER, TOLTERODINE IR | Use of oxybutynin for at least 60 days duration in the previous 130 days |

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| <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">• Ezetimibe | Use of 2 statin medications in the previous 130 days |
| <ul style="list-style-type: none">• ZENATANE CAPSULE | Use ORAL DOXYCYCLINE, ORAL MINOCYCLINE or ORAL TETRACYCLINE for at least 30 day supply within the last 130 days. |