



2022 PacificSource Health Plans Step Therapy Criteria

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(All criteria reviewed at least once per year)

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POLICY NAME:

ACTICLATE

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	No	No	No	No

If the patient has tried a Step 1 drug at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drug(s): doxycycline hyclate tablet (20mg, 100mg), doxycycline hyclate capsule (50mg, 100mg), doxycycline hyclate delayed release tablet (75mg, 100mg, 150mg), doxycycline monohydrate capsule (50mg, 75mg, 100mg, 150mg), doxycycline monohydrate tablet (50mg, 75mg, 100mg, 150mg)

Step 2 Drug(s): Acticlate, doxycycline hyclate 75mg tablet, doxycycline hyclate 150mg tablet



POLICY NAME:

ANTIDEPRESSANTS – Drizalma, Fetzima, fluoxetine 90mg (weekly), fluvoxamine ER, olanzapine-fluoxetine, vilazodone, Viibryd, Viibryd starter pack, Trintellix, Pexeva

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried **TWO** Step 1 drugs, then authorization for a drug in Step 2 drug may be given.

Step 1 Drug(s):

Preferred and ID/OR/MT/WA Drug Lists: bupropion, bupropion SR (12-hour), bupropion XL (24-hour), citalopram, desvenlafaxine extended release (ER), duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER capsule

Preferred Drug List only: Wellbutrin, Wellbutrin SR, Wellbutrin XL, Celexa, Lexapro, Prozac, Paxil, Paxil CR, Zoloft, Effexor, Effexor XR capsules, Duloxetine

Step 2 Drug(s):

Preferred and ID/OR/MT/WA Drug Lists: fluoxetine 90mg (weekly), fluvoxamine ER, Trintellix, vilazodone, Viibryd starter pack, Pexeva

Preferred Drug List only: Prozac weekly, Fetzima, olanzapine-fluoxetine, Drizalma, Viibryd



POLICY NAME:

ANTI-HERPETIC AGENTS-Acyclovir ointment, Acyclovir cream, Zovirax (acyclovir ointment/cream) Denavir (penciclovir cream), Sitavig (acyclovir buccal)

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried **TWO** Step 1 drugs, then authorization may be given.

Step 1 Drug(s): Oral acyclovir, Oral famciclovir, Oral valacyclovir, acyclovir ointment

Step 2 Drug(s): Acyclovir cream

PDL ONLY: Sitavig, Zovirax cream, Denavir cream



POLICY NAME:

ATYPICAL ANTIPSYCHOTICS – Asenapine, Fanapt, Invega Sustenna, Latuda, Saphris, Paliperidone ER, Quetiapine ER, Rexulti, Seroquel XR, Vraylar, Caplyta

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given for a Step 2 drug. If the patient has tried a Step 2 drug, then authorization may be given for a Step 3 drug.

Step 1 Drug(s): Aripiprazole, Olanzapine, Quetiapine, Quetiapine ER, Risperidone, Ziprasidone

PDL ONLY: Abilify, Geodon, Risperdal, Seroquel, Seroquel XR, Zyprexa

Step 2 Drug(s): Asenapine, Fanapt, Invega Sustenna, Latuda, Paliperidone ER, Rexulti, Secuado, Vraylar

PDL ONLY: Invega ER, Saphris

Step 3 Drug(s): Caplyta



POLICY NAME:

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY – Dutasteride, Dutasteride-Tamsulosin, Cardura XL, Jalyn

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried one Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): finasteride, dutasteride, silodosin, terazosin, tamsulosin

PDL Only: Rapaflo

Step 2 Drug(s): dutasteride-tamsulosin, Jalyn, Cardura XL



POLICY NAME:

CONSTIPATION AGENTS – Linzess, Lubiprostone

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried one Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Enulose, Lactulose, Polyethylene Glycol 3350

Step 2 Drug(s): Linzess, Lubiprostone

POLICY NAME:

ECOZA (econazole 1% foam)

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	No	No	No	No

If the patient has tried one Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): econazole 1% cream

Step 2 Drug(s): Ecoza

- Authorization for Ecoza may be given if the patient has a generic econazole claim within the last 180 days



POLICY NAME:

ENDARI (L-glutamine)

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried one Step 1 drug, (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Hydroxyurea

Step 2 Drug(s): Endari



POLICY NAME:

FIBRATES – Triglide

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
No	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): At least a 30 day supply of a generic fibrate within the past 365 days.

Step 2 Drug(s): Triglide



POLICY NAME:

INSOMNIA AGENTS – Belsomra, doxepin, Dayvigo, Edluar, Intermezzo, Silenor, zolpidem sublingual tablet (SL), Quviviq

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried **TWO Step 1 drugs**, then authorization for a Step 2 drug may be given.

Step 1 Drugs: eszopiclone, zolpidem, zolpidem extended release (ER), zaleplon, temazepam, triazolam, ramelteon

Preferred Drug List Only: Rozerem

Step 2 Drugs: Dayvigo

Preferred Drug List Only: doxepin (3 mg and 6 mg tablet), Belsomra, Edluar, Intermezzo, Silenor, zolpidem sublingual tablet (SL), Quviviq



POLICY NAME:

Megestrol Acetate 625mg/5mL oral suspension

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drug(s): megestrol acetate 40mg/ml oral suspension

Step 2 Drug(s): megestrol acetate 625mg/5mL oral suspension, Megace ES (PDL Only)



POLICY NAME:

MIGRAINE AGENTS – Almotriptan, Axert, Frovatriptan, Frova, Zolmitriptan Nasal, Zomig Nasal, Ubrelvy

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried **ONE** Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Eletriptan, Naratriptan, Sumatriptan, Rizatriptan, Rizatriptan oral-disintegrating tablet (ODT), Zolmitriptan, Zolmitriptan ODT

PDL ONLY: Amerge, Imitrex, Maxalt, Maxalt-MLT, Relpax, Zomig, Zomig ZMT

Step 2 Drug(s): Almotriptan, Frovatriptan, Ubrelvy, Zolmitriptan Nasal

PDL ONLY: Axert, Frova, Zomig Nasal



POLICY NAME:

NEUROPATHIC AGENTS – Gralise, Horizant, Savella

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Gabapentin, Duloxetine, Pregabalin

Step 2 Drug(s): Gralise, Gralise Starter, Horizant, Savella



POLICY NAME:

OPIOIDS- Nucynta

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Hydromorphone, methadone, morphine, oxycodone, oxymorphone, tramadol

Step 2 Drug(s): Nucynta



POLICY NAME:

OPIOIDS (LONG-ACTING)- Exalgo, Hydrocodone Bitartrate Cap ER 12HR, Hydromorphone ER, Hysingla ER, MS Contin, Nucynta ER, Opana ER, Oxycodone ER, Oxycontin, Zohydro ER

ST Policy Applicable To PDL, ID, OR, MT and WA Drug List

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given for a Step 2 drug.

Step 1 Drug(s): Buprenorphine Weekly Patch, Fentanyl, Morphine Sulfate ER, Oxymorphone ER.

Step 2 Drug(s): Hydromorphone ER, Oxycodone ER, Nucynta ER, Oxycontin

PDL ONLY: MS Contin, Opana ER

Step 3 Drug(s): Hydrocodone Bitartrate Cap ER 12HR

PDL ONLY: Hysingla ER, Zohydro ER, Exalgo



POLICY NAME:

OSMOLEX EXTENDED RELEASE

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried one Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Amantadine IR HCl Oral tablet

Step 2 Drug(s): Osmolex Extended Release 24 hour



POLICY NAME:

OVERACTIVE BLADDER

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Oral Syrup, Oxybutynin Chloride Extended Release (ER), solifenacin, Tolterodine, Tolterodine ER, Trospium Chloride.

Preferred Drug List Only: Vesicare

Step 2 Drug(s): Darifenacin Hydrobromide ER, Gelnique, Myrbetriq, Oxytrol, Fesoterodine ER

Preferred Drug List Only: Enablex, Gemtesa, Toviaz

- Authorization for Oxytrol or Gelnique may be given for patients who cannot swallow or who have difficulty swallowing.



POLICY NAME:

PRESTALIA (perindopril/amlodipine)

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary

If the patient has tried a Step 1 drug (at least a 30 day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): benazepril/amlodipine

Step 2 Drug(s): Prestalia



POLICY NAME:

PROSTAGLANDINS OPHTHALMIC –Travatan Z, Zioptan

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
No	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drug (at least a 30 day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): latanoprost 0.005%, bimatoprost 0.03%

Step 2 Drug(s): travoprost 0.004%, Lumigan, Zioptan



POLICY NAME:

ROSACEA TOPICAL-Soolantra, Mirvaso, ivermectin 1% cream, Zilxi, Epsolay 5% cream

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes	Yes	Yes	Yes

If the patient has tried a Step 1 drugs (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drug(s): topical metronidazole, azelaic acid gel 15%, Finacea Foam 15%,

PDL Only: Finacea Gel 15%

Step 2 Drug(s): Mirvaso Gel 0.33%, ivermectin 1% cream

PDL Only: Soolantra, Zilxi, Epsolay 5% cream