



2026 PacificSource Health Plans Step Therapy Criteria

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(All criteria reviewed at least once per year. Updates occur every 1 to 2 months.)

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POLICY NAME:
ACID BLOCKER AGENTS

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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 Drug(s): omeprazole, esomeprazole, lansoprazole, pantoprazole, rabeprazole, dexlansoprazole

PDL ONLY: Nexium, Prevacid, Protonix, Aciphex

Step 2 Drug(s): Voquezna



POLICY NAME:
ACTICLATE

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
Yes	No	No	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): 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), olanzapine-fluoxetine, Trintellix, Pexeva

ST Policy Applicable To:

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

PDL ONLY: Wellbutrin, Wellbutrin SR, Wellbutrin XL, Celexa, Lexapro, Prozac, Paxil, Paxil CR, Zoloft, Effexor, Effexor XR capsules

Step 2 Drug(s): fluoxetine 90mg (weekly), Trintellix, Pexeva

PDL ONLY: Prozac weekly, Fetzima, olanzapine-fluoxetine, Drizalma



POLICY NAME:

ANTI-HERPETIC AGENTS – acyclovir cream, penciclovir cream, Zovirax cream, Denavir

ST Policy Applicable to:

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

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, acyclovir suspension

PDL ONLY: Zovirax ointment

Step 2 Drug(s): acyclovir cream, penciclovir cream

PDL ONLY: Zovirax cream, Denavir



POLICY NAME:

ATYPICAL ANTIPSYCHOTICS – Fanapt, Rexulti, Secuado, Vraylar, Saphris, Caplyta, Cobenfy

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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, asenapine, lurasidone, olanzapine, paliperidone extended release (ER), quetiapine, quetiapine ER, risperidone, ziprasidone

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

Step 2 Drug(s): Fanapt, Rexulti, Secuado, Vraylar

PDL ONLY: Saphris

Step 3 Drug(s): Caplyta, Cobenfy



POLICY NAME:

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY – dutasteride-tamsulosin, Cardura XL, Jalyn

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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:

ECOZA (econazole 1% foam)

ST Policy Applicable To:

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

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): L-glutamine

PDL Only: Endari



POLICY NAME:

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

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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: doxepin (3 mg and 6 mg tablet), eszopiclone, zolpidem, zolpidem extended release (ER), zaleplon, temazepam, triazolam, ramelteon

PDL ONLY: Rozerem

Step 2 Drugs: Dayvigo

PDL ONLY: Belsomra, Edluar, Intermezzo, zolpidem sublingual tablet (SL), Quviviq



POLICY NAME:
JOURNAVX

ST Policy Applicable To:

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

If the patient has tried **TWO** 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): hydromorphone, methadone, morphine, oxycodone, oxymorphone, tramadol, oxycodone-ibuprofen, hydrocodone-ibuprofen, ibuprofen, diclofenac tablet, etodolac, ketoprofen, meloxicam, meclufenamate, naproxen, oxycodone-acetaminophen, acetaminophen-codeine, hydrocodone-acetaminophen, oxycodone-aspirin, tramadol-acetaminophen

Step 2 Drug(s): Journavx



POLICY NAME:

MEGESTROL- Megestrol Acetate 625mg/5mL oral suspension

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
Yes	Yes	Yes	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): megestrol acetate 40mg/ml oral suspension

Step 2 Drug(s): megestrol acetate 625mg/5mL oral suspension



POLICY NAME:

MIGRAINE AGENTS – frovatriptan, Frova, zolmitriptan nasal, Zomig Nasal

ST Policy Applicable To:

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

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

Step 1 Drug(s): almotriptan, 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): frovatriptan, zolmitriptan nasal

PDL ONLY: Frova, Zomig Nasal



POLICY NAME:

NEUROPATHIC AGENTS – gabapentin (once daily), Horizant, Savella

ST Policy Applicable to:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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): gabapentin (once daily – generic for Gralise), Horizant, Savella

PDL ONLY: Gralise, Gralise Starter



POLICY NAME:
OPIOIDS – Nucynta

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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) – hydrocodone bitartrate cap ER 12HR, hydromorphone ER, Hysingla ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Zohydro ER

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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



POLICY NAME:
OSMOLEX EXTENDED RELEASE

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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 - Gelnique, mirabegron ER, Oxytrol, fesoterodine ER, Gemtesa, Toviaz

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List
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): darifenacin hydrobromide extended release (ER), oxybutynin chloride, oxybutynin oral syrup, oxybutynin chloride ER, solifenacin, tolterodine, tolterodine ER, trospium chloride

PDL ONLY: Vesicare

Step 2 Drug(s): Gelnique, mirabegron ER, Oxytrol, fesoterodine ER

PDL ONLY: 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
Yes	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:

ROSACEA TOPICAL – brimonidine gel, Mirvaso, Zilxi, Epsolay 5% cream

ST Policy Applicable To:

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

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%, ivermectin 1% cream

PDL Only: Finacea Gel 15%

Step 2 Drug(s): brimonidine gel

PDL Only: Mirvaso, Zilxi, Epsolay 5% cream