



**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.)

**Table of Contents**

ACID BLOCKER AGENTS ..... 2

ACTICLATE..... 3

ANTIDEPRESSANTS – Drizalma, Fetzima, fluoxetine 90mg (weekly), olanzapine-fluoxetine, Trintellix, Pexeva ..... 4

ANTI-HERPETIC AGENTS – acyclovir cream, acyclovir suspension, penciclovir cream, Zovirax cream, Denavir ..... 5

ATYPICAL ANTIPSYCHOTICS – Fanapt, Rexulti, Secuado, Vraylar, Saphris, Caplyta, Cobenfy ..... 6

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY – dutasteride-tamsulosin, Cardura XL, Jalyn ..... 7

ECOZA (econazole 1% foam)..... 8

ENDARI (L-glutamine)..... 9

INSOMNIA AGENTS – Belsomra, Dayvigo, Edluar, Intermezzo, zolpidem sublingual tablet (SL), Quviviq ..... 10

JOURNAVX..... 11

MEGESTROL ..... 12

MIGRAINE AGENTS – frovatriptan, Frova, zolmitriptan nasal, Zomig Nasal..... 13

NEUROPATHIC AGENTS – gabapentin (once daily), Horizant, Savella..... 14

OPIOIDS – Nucynta..... 15

OPIOIDS (LONG-ACTING) – hydrocodone bitartrate cap ER 12HR, hydromorphone ER, Hysingla ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Zohydro ER..... 16

OSMOLEX EXTENDED RELEASE ..... 17

OVERACTIVE BLADDER - Gelnique, mirabegron ER, Oxytrol, fesoterodine ER, Gemtesa, Toviaz..... 18

PRESTALIA (perindopril/amlodipine)..... 19

ROSACEA TOPICAL – brimonidine gel, Mirvaso, Zilxi, Epsolay 5% cream ..... 20



**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, acyclovir suspension, 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 200 mg/5mL 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

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