2020 PacificSource Health Plans Step Therapy Criteria

Last Modified: 04/22/2020
(All criteria reviewed at least once per year)

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OSMOLEX EXTENDED RELEASE

OVERACTIVE BLADDER

PRESTALIA (perindopril/amlodipine)

PROSTAGLANDINS OPHTHALMIC – Travatan Z, Zioptan

ROSACEA TOPICAL-Soolantra, Mirvaso

TOPICAL IMMUNOMODULATORS – Protopic (topical Tacrolimus), Eucrisa

TRIPTAN AGENTS – Almotriptan, Axert, Frovatriptan, Eletriptan, Zomig Nasal

TRIPTAN AGENTS – Almotriptan, Axert, Frovatriptan, Frova, Eletriptan, Relpax, Zomig Nasal
POLICY NAME:
ACTICLATE

ST Policy Applicable to:

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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 tablets

Step 2 Drug(s): Acticlate
**POLICY NAME:**
ANTIDIABETICS – Farxiga, Glyxambi, Janumet, Janumet XR, Januvia, Jardiance, Ozempic, Synjardy, Synjardy XR, Trulicity, Victoza, Xigduo XR

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If the patient has tried a Step 1 drug (at least a 90-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

**Step 1 Drug(s):** Metformin, Metformin extended release

**Step 2 Drug(s):** Farxiga, Glyxambi, Janumet, Janumet XR, Januvia, Jardiance, Ozempic, Synjardy, Synjardy XR, Trulicity, Victoza, Xigduo XR

- Patients with renal disease or renal dysfunction (eGFR less than 30) may be approved
POLICY NAME:
ANTIDEPRESSANTS – Drizalma, Fetzima, fluoxetine 90mg (weekly), fluvoxamine ER, olanzapine-fluoxetine, Viibryd, Viibryd starter pack, Trintellix, Pexeva

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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), escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER capsule


Step 2 Drug(s):
Preferred and ID/OR/MT/WA Drug Lists: fluoxetine 90mg (weekly), fluvoxamine ER, Viibryd, Viibryd starter pack, Pexeva

Preferred Drug List only: Prozac weekly, Fetzima, olanzapine-fluoxetine, Trintellix, Drizalma
POLICY NAME:
ANTI-HERPETIC AGENTS-Acyclovir ointment, Acyclovir cream, Zovirax (acyclovir ointment/cream) Denavir (penciclovir cream), Sitavig (acyclovir buccal)

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

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

Step 2 Drug(s): Acyclovir ointment, Acyclovir cream

PDL ONLY: Sitavig, Zovirax cream, Zovirax ointment, Denavir cream
POLICY NAME:
ATYPICAL ANTIPSYCHOTICS – Fanapt, Invega Sustenna, Latuda, Saphris, Paliperidone ER, Quetiapine ER, Rexulti, Vraylar

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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):** Aripiprazole, Olanzapine, Quetiapine, Risperidone, Ziprasidone
**PDL ONLY:** Abilify, Geodon, Risperdal, Seroquel, Zyprexa

**Step 2 Drug(s):** Fanapt, Invega Sustenna, Latuda, Paliperidone ER, Quetiapine ER, Rexulti, Saphris, Secudao, Vraylar
**PDL ONLY:** Invega ER, Seroquel XR
POLICY NAME:
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY – Dutasteride, Dutasteride-Tamsulosin, Cardura XL, Jalyn, Rapaflo

ST Policy Applicable To:

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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, terazosin, tamsulosin

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

PDL Only: Rapaflo
POLICY NAME:
BISPHOSPHONATES ORAL

ST Policy Applicable To:

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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):** Alendronate Sodium, Ibandronate Sodium Tab 150 MG

**Step 2 Drug(s):** Risedronate Sodium, Risedronate Sodium DR, Fosamax+D

- Authorization may be given for Risedronate for use in the management of Paget’s disease if the patient has started therapy with Risedronate
**POLICY NAME:**
CALCIPOTRIENE/BETAMETHASONE TOPICALS

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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):** high potency topical corticosteroid (such as betamethasone dipropionate 0.05%) OR calcipotriene 0.005%

**Step 2 Drug(s):** Taclonex suspension, Enstilar Foam
POLICY NAME:
DIFICID & VANCOMYCIN

ST Policy Applicable to:

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If the patient has tried a Step 1 drug (at least a 10-day supply in the prior 180 days), then authorization may be given.

**Step 1 Drug(s):** Firvanq for oral suspension

**Step 2 Drug(s):** Dificid, Vancomycin capsules
**POLICY NAME:**  
ECOZA (econazole 1% foam)

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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:

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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:**
FEBUXOSTAT

**ST Policy Applicable To:**

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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):** Allopurinol, Probenecid, Probenecid- Colchicine

**Step 2 Drug(s):** Febuxostat

**PDL ONLY:** Uloric
POLICY NAME:
FIBRATES – Triglide

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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, Edluar, Intermezzo, Ramelteon, Rozerem, Silenor, zolpidem sublingual tablet (SL)

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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

**Step 2 Drugs:** Ramelteon  
**Preferred Drug List Only:** doxepin, Belsomra, Edluar, Intermezzo, Rozerem, Silenor, zolpidem sublingual tablet (SL)
POLICY NAME: LINZESSION

ST Policy Applicable To:

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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
POLICY NAME: LOKELMA – sodium polystyrene suspension

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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):** sodium polystyrene suspension (oral or rectal)

**Step 2 Drug(s):** Lokelma packet
POLICY NAME:
Megestrol Acetate 625mg/5mL oral suspension

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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:**
MUSCLE RELAXANTS

ST Policy Applicable to: Metaxalone

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

**Step 1 Drug(s):** Cyclobenzaprine, tizanidine TABLETS, methocarbamol, baclofen, orphenadrine extended release (ER)

**Step 2 Drug(s):** Metaxalone
POLICY NAME:
NEUROPATHIC AGENTS – Gralise, Horizant, Savella

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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

**Step 2 Drug(s):** Gralise, Gralise Starter, Horizant, Savella
POLICY NAME:
OPIOIDS- Nucynta

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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, Hydromorphone ER, Hysingla ER, MS Contin, Nucynta ER, Opana ER, Oxycodone ER, Oxycontin, Zohydro ER

ST Policy Applicable to PDL Drug list ONLY

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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):** Buprenorphine Weekly Patch, Butrans Weekly Patch, Fentanyl, Morphine Sulfate ER, Oxymorphone ER

**Step 2 Drug(s):** Hydromorphone ER, Oxycodone ER, MS Contin, Nucynta ER, Opana ER, Oxycontin

**Step 3 Drug(s):** Hysingla ER, Zohydro ER, Exalgo

- Authorization may be given for Exalgo, Oxycontin, or Nucynta ER if the patient has renal insufficiency.

- Authorization may be given for Oxycontin if the patient is pregnant.
POLICY NAME:
OPIOIDS (LONG-ACTING)- Hydromorphone ER, Nucynta ER, Oxycodone ER, Oxycontin

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

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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 extended release ER, Oxycodone ER, Nucynta ER, Oxycontin

**Step 3 Drug(s):** Zohydro extended release

- Authorization may be given for Oxycontin, or Nucynta ER if the patient has renal insufficiency.
- Authorization may be given for Oxycontin if the patient is pregnant.
POLICY NAME:
OSMOLEX EXTENDED RELEASE
ST Policy Applicable To:

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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

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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, Toviaz
**Preferred Drug List Only:** Enablex

- 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:

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<td>Non-Formulary</td>
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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:

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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

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If the patient has tried a Step 1 drug(s) (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
POLICY NAME:
TOPICAL IMMUNOMODULATORS – Protopic (topical Tacrolimus), Eucrisa

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

**Step 1 Drug(s):** ALA-CORT, alclometasone dipropionate, amcinonide, betamethasone dipropionate, betamethasone dipropionate augmented, betamethasone valerate, clobetasol propionate, CLOBEX, clocortolone pivalate, desonide, desoximetasone, fluocinolone acetonide, fluocinonide, fluticasone propionate, halobetasol propionate, hydrocortisone, hydrocortisone butyrate, mometasone furoate, PEDIADERM HC, PEDIADERM TA, prednicarbate, scalacort, TEXACORT, triamcinolone acetonide, TRIANEX, TRIDERM, VERDESO

**PDL ONLY:** ALA-SCALP, APEXICON E, clobetasol emollient, CLODERM, CORDRAN TAPE, CUTIVATE, DERMASMOOTHE/FS, DERMASORB HC, DERMASORB TA, DESOWEN, DIPROLENE, DIPROLENE AF, ELOCON, fluocinonide emulsified, hydrocortisone valerate, LOCOID, LOCOID LIPOCREAM, LOKARA, PANDEL, SYNALAR, TEMOVATE, TEMOVATE E, TOPICORT, TRI-LUMA, ULTRAVATE, WESTCORT

**Step 2 Drug(s):** pimecrolimus 1% cream, tacrolimus ointment, Eucrisa

**PDL only:** Protopic
POLICY NAME:
TRIPTAN AGENTS – Almotriptan, Axert, Frovatriptan, Eletriptan, Zomig Nasal

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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):** Naratriptan, Sumatriptan, Rizatriptan, Rizatriptan oral disintegrating tablet (ODT), Zolmitriptan, Zolmitriptan ODT

**Step 2 Drug(s):** Almotriptan, Axert, Frovatriptan, Eletriptan, Zomig Nasal
POLICY NAME:
TRIPTAN AGENTS – Almotriptan, Axert, Frovatriptan, Frova, Eletriptan, Relpax, Zomig Nasal

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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):** Naratriptan, Amerge, Sumatriptan, Imitrex, Rizatriptan, Maxalt, Rizatriptan oral-disintegrating tablet (ODT), Maxalt-MLT, Zolmitriptan, Zomig, Zolmitriptan ODT, Zomig ZMT

**Step 2 Drug(s):** Almotriptan, Axert, Frovatriptan, Frova, Eletriptan, Relpax, Zomig Nasal