



## 2021 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 tablets

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



**POLICY NAME:**

ANTIDIABETICS – Farxiga, Glyxambi, Janumet, Janumet XR, Januvia, Jardiance, Ozempic, Rybelsus, Synjardy, Synjardy XR, Trulicity, Trijardy XR, Victoza, Xigduo XR

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):** Metformin, Metformin extended release

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

- Patients with renal disease or renal dysfunction (eGFR less than 30) may be approved
- Farxiga may be approved for those with heart failure and reduced ejection fraction (EF 40% or less)



**POLICY NAME:**

ANTIDEPRESSANTS – Drizalma, Fetzima, fluoxetine 90mg (weekly), fluvoxamine ER, olanzapine-fluoxetine, 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), 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

**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)

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

**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, 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, Risperidone, Ziprasidone

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

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

**PDL ONLY:** Invega ER, Seroquel XR

**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:**  
BISPHOSPHONATES ORAL

ST Policy Applicable To:

Preferred Drug List	ID Drug List	OR Drug List	MT Drug List	WA Drug List
Yes	Yes (Fosamax+D Non-form)	Yes (Fosamax+D Non-form)	Yes (Fosamax+D Non-form)	Yes (Fosamax+D Non-Form)

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

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

**Step 2 Drug(s):** Calcipotriene-Betamethasone Dipropionate Susp, Enstilar Foam

**PDL ONLY:** Taclonex Susp



**POLICY NAME:**  
DIFICID

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 10-day supply in the prior 180 days), then authorization may be given.

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

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



**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:**

FEBUXOSTAT

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):** Allopurinol, Probenecid, Probenecid- Colchicine

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

**PDL ONLY:** Uloric



**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)

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 (3mg and 6mg tablet), Belsomra, Edluar, Intermezzo, Silenor, zolpidem sublingual tablet (SL)





**POLICY NAME:**

LINZESS

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



**POLICY NAME:**

LOKELMA

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

**Step 2 Drug(s):** Lokelma packet



**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, Eletriptan, 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, Zomig Nasal, Ubrelvy

**PDL ONLY:** Axert, Frova



**POLICY NAME:**  
MUSCLE RELAXANTS

ST Policy Applicable to: Metaxalone

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 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 – Galise, 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):** Galise, Galise 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, Hydromorphone ER, Hysingla ER, MS Contin, Nucynta ER, Opana ER, Oxycodone ER, Oxycontin, Zohydro ER

**ST Policy Applicable to PDL Drug list ONLY**

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 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, Hydrocodone Bitartrate Cap ER 12HR, Zohydro ER, Exalgo





**POLICY NAME:**

OPIOIDS (LONG-ACTING)- Hydromorphone ER, Nucynta ER, Oxycodone ER, Oxycontin

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

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 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):** Hydrocodone Bitartate Cap ER 12HR



**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, 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:

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

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