

## ADHD STIMULANTS

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### PREREQUISITE MEDICATION(S)

DEXEDRINE 10 MG TABLET, DEXEDRINE 5 MG TABLET, DEXMETHYLPHENIDATE HCL, DEXMETHYLPHENIDATE HCL ER, DEXTROAMPHETAMINE 10 MG TAB, DEXTROAMPHETAMINE 5 MG TAB, DEXTROAMPHETAMINE SULFATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE, METADATE ER, METHYLPHENIDATE ER, METHYLPHENIDATE 10 MG CHEW TAB, METHYLPHENIDATE 10 MG TABLET, METHYLPHENIDATE 10 MG/5 ML SOL, METHYLPHENIDATE 2.5 MG CHEW TB, METHYLPHENIDATE 20 MG TABLET, METHYLPHENIDATE 5 MG CHEW TAB, METHYLPHENIDATE 5 MG TABLET, METHYLPHENIDATE 5 MG/5 ML SOLN, METHYLPHENIDATE HCL CD, METHYLPHENIDATE HCL ER, METHYLPHENIDATE LA, METHYLPHENIDATE SR

### MEDICATION(S) SUBJECT TO STEP THERAPY

STRATTERA

### CRITERIA

Patient needs to have a paid claim for two generic formulary ADHD stimulant medications.

## ALPHA GLUCOSIDASE INHIBITOR

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### PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE ER 10 MG TABLET, GLIPIZIDE ER 5 MG TABLET, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL ER 500 MG OSM-TB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

### MEDICATION(S) SUBJECT TO STEP THERAPY

GLYSET

### CRITERIA

Patient needs to have a paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones

## ANTIDEPRESSANTS

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### **PREREQUISITE MEDICATION(S)**

BUPROPION HCL 100 MG TABLET, BUPROPION HCL 75 MG TABLET, BUPROPION HCL SR, BUPROPION XL, CITALOPRAM HBR, DULOXETINE HCL DR 20 MG CAP, DULOXETINE HCL DR 30 MG CAP, DULOXETINE HCL DR 40 MG CAP, DULOXETINE HCL DR 60 MG CAP, ESCITALOPRAM OXALATE, FLUOXETINE DR, FLUOXETINE 20 MG/5 ML SOLUTION, FLUOXETINE HCL 10 MG CAPSULE, FLUOXETINE HCL 10 MG TABLET, FLUOXETINE HCL 20 MG CAPSULE, FLUOXETINE HCL 20 MG TABLET, FLUOXETINE HCL 40 MG CAPSULE, FLUOXETINE HCL 60 MG TABLET, FLUVOXAMINE MALEATE, FLUVOXAMINE MALEATE ER, MIRTAZAPINE, PAROXETINE CR, PAROXETINE ER, PAROXETINE HCL, SERTRALINE 20 MG/ML ORAL CONC, SERTRALINE HCL 100 MG TABLET, SERTRALINE HCL 25 MG TABLET, SERTRALINE HCL 50 MG TABLET, VENLAFAXINE HCL, VENLAFAXINE HCL ER

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

APLENZIN, DESVENLAFAXINE ER, DESVENLAFAXINE FUMARATE ER, EMSAM, FETZIMA, KHEDEZLA, PEXEVA

### **CRITERIA**

Patient needs to have a paid claim for TWO of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

# ANTIGOUT

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## **PREREQUISITE MEDICATION(S)**

ALLOPURINOL 100 MG TABLET, ALLOPURINOL 300 MG TABLET, ALLOPURINOL 100 MG TABLET, ALLOPURINOL 300 MG TABLET

## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ULORIC

## **CRITERIA**

Patient needs to have a paid claim for allopurinol

## **ATYPICAL ANTIPSYCHOTICS**

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### **PREREQUISITE MEDICATION(S)**

ARIPIPIRAZOLE 10 MG TABLET, ARIPIPIRAZOLE 15 MG TABLET, ARIPIPIRAZOLE 2 MG TABLET, ARIPIPIRAZOLE 20 MG TABLET, ARIPIPIRAZOLE 30 MG TABLET, ARIPIPIRAZOLE 5 MG TABLET, ARIPIPIRAZOLE 10 MG TABLET, ARIPIPIRAZOLE 15 MG TABLET, ARIPIPIRAZOLE 2 MG TABLET, ARIPIPIRAZOLE 20 MG TABLET, ARIPIPIRAZOLE 30 MG TABLET, ARIPIPIRAZOLE 5 MG TABLET, ARIPIPIRAZOLE ODT, OLANZAPINE, OLANZAPINE 15 MG TABLET, OLANZAPINE 20 MG TABLET, OLANZAPINE ODT, PALIPERIDONE ER, PALIPERIDONE ER 3 MG TABLET, PALIPERIDONE ER 6 MG TABLET, QUETIAPINE FUMARATE, QUETIAPINE FUMARATE, RISPERIDONE, RISPERIDONE ODT, ZIPRASIDONE HCL, ZIPRASIDONE HCL

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FANAPT, SAPHRIS, VRAYLAR

### **CRITERIA**

Patient needs to have a paid claim for two generic formulary atypical antipsychotic agents

## **BISPHOSPHONATES**

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### **PREREQUISITE MEDICATION(S)**

ALENDRONATE SODIUM, ALENDRONATE SODIUM 10 MG TAB, ALENDRONATE SODIUM 35 MG TAB, ALENDRONATE SODIUM 40 MG TAB, ALENDRONATE SODIUM 5 MG TABLET, ALENDRONATE SODIUM 70 MG TAB, IBANDRONATE SODIUM 150 MG TAB, IBANDRONATE SODIUM 150 MG TAB, RISEDRONATE SODIUM, RISEDRONATE SODIUM 150 MG TAB, RISEDRONATE SODIUM 30 MG TAB, RISEDRONATE SODIUM 5 MG TABLET, RISEDRONATE SODIUM DR

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FOSAMAX PLUS D

### **CRITERIA**

Patient needs to have a paid claim for one generic formulary oral bisphosphonate agent

## DPP4 INHIBITORS

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### **PREREQUISITE MEDICATION(S)**

GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG OSM-TB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, ONGLYZA, TRADJENTA

### **CRITERIA**

Patient needs to have a paid claim for two generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones

# EPINEPHRINE

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## **PREREQUISITE MEDICATION(S)**

EPIPEN 2-PAK, EPIPEN JR 2-PAK

## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ADRENACLICK

## **CRITERIA**

History of trial and failure, or intolerance to one of the following: EpiPen or EpiPen Jr or epinephrine (generic EpiPen or EpiPen Jr)



## GLP1 AGONIST

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### PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE ER 10 MG TABLET, GLIPIZIDE ER 5 MG TABLET, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG OSM-TB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

### MEDICATION(S) SUBJECT TO STEP THERAPY

BYDUREON, BYDUREON PEN, BYETTA, TRULICITY, VICTOZA 2-PAK, VICTOZA 3-PAK

### CRITERIA

Patient needs to have a paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones

**PREREQUISITE MEDICATION(S)**

SPIRIVA, SPIRIVA RESPIMAT

**MEDICATION(S) SUBJECT TO STEP THERAPY**

TUDORZA PRESSAIR

**CRITERIA**

Patient needs to have a paid claim for Spiriva

## LEUKOTRIENE MODIFIERS

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### **PREREQUISITE MEDICATION(S)**

MONTELUKAST SOD 10 MG TABLET, MONTELUKAST SOD 4 MG GRANULES, MONTELUKAST SOD 4 MG TAB CHEW, MONTELUKAST SOD 5 MG TAB CHEW, MONTELUKAST SOD 10 MG TABLET, ZAFIRLUKAST

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ZYFLO, ZYFLO CR

### **CRITERIA**

Patient needs to have a paid claim for one generic formulary leukotriene modifier

## **NASONEX BRAND**

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### **PREREQUISITE MEDICATION(S)**

BUDESONIDE 32 MCG NASAL SPRAY, FLUNISOLIDE 0.025% SPRAY, FLUTICASONE PROP 50 MCG SPRAY, MOMETASONE FUROATE 50 MCG SPRY, TRIAMCINOLONE 55 MCG NASAL SPR

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

NASONEX

### **CRITERIA**

Patient needs to have a paid claim for any one generic intranasal corticosteroid

## PD AGENTS

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### **PREREQUISITE MEDICATION(S)**

PRAMIPEXOLE DIHYDROCHLORIDE, PRAMIPEXOLE ER, ROPINIROLE ER, ROPINIROLE HCL

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

NEUPRO

### **CRITERIA**

Patient needs to have a paid claim for one generic formulary dopamine agonist agent

### **PREREQUISITE MEDICATION(S)**

GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY

### **CRITERIA**

Paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones. Jardiance, Synjardy only: ST does not apply for patients with CV disease, defined as one of the following: h/o MI, multi-vessel CAD, left main CAD, h/o stroke, Occlusive PAD, single-vessel CAD with documentation of unstable angina or a positive stress test for ischemia.

# STATINS

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## **PREREQUISITE MEDICATION(S)**

ATORVASTATIN CALCIUM, FLUVASTATIN ER, FLUVASTATIN SODIUM, LOVASTATIN, PRAVASTATIN SODIUM, SIMVASTATIN

## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ALTOPREV, LIVALO

## **CRITERIA**

Patient needs to have a paid claim for any two generic formulary HMG-CoA reductase inhibitors (statin)

# ZURAMPIC

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## **PREREQUISITE MEDICATION(S)**

ULORIC

## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ZURAMPIC

## **CRITERIA**

History of trial and failure, or intolerance to Uloric



