

**Step Therapy Requirements  
Effective December 1, 2019**

## **ANTIEMETICS STEP**

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### **Products Affected**

#### **Step 2:**

- Sancuso 3.1 mg/24 hour transdermal patch
- Zuplenz 8 mg oral soluble film
- Zuplenz 4 mg oral soluble film

### **Details**

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<b>Criteria</b>	COVERAGE OF CERTAIN BRAND NAME ANTI-EMETIC MEDICATIONS REQUIRES A TRIAL OF BOTH GENERIC ONDANSETRON AND GENERIC GRANISETRON. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# ARB STEP

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## Products Affected

### Step 2:

- Edarbi 40 mg tablet
- Edarbi 80 mg tablet
- Edarbyclor 40 mg-12.5 mg tablet
- Edarbyclor 40 mg-25 mg tablet

## Details

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<b>Criteria</b>	COVERAGE OF CERTAIN BRANDED ARBS AND ARB COMBOS REQUIRES A TRIAL OF TWO GENERIC ARB OR ARB COMBINATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# BRAND HMG STEP

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## Products Affected

### Step 2:

- Altprev 20 mg tablet,extended release
- Altprev 40 mg tablet,extended release
- Altprev 60 mg tablet,extended release

## Details

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<b>Criteria</b>	COVERAGE OF BRAND NAME STATINS (HMGS) REQUIRES A TRIAL OF TWO GENERIC STATIN MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# BRAND TOPICAL ANTIFUNGALS STEP

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## Products Affected

### Step 2:

- Ertaczo 2 % topical cream
- Exelderm 1 % topical cream
- Exelderm 1 % topical solution
- luliconazole 1 % topical cream
- Luzu 1 % topical cream
- Mentax 1 % topical cream
- Naftin 1 % topical gel
- Naftin 2 % topical gel
- Oxistat 1 % lotion

## Details

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<b>Criteria</b>	COVERAGE OF BRAND NAME TOPICAL ANTIFUNGALS REQUIRES A TRIAL OF TWO GENERIC TOPICAL ANTIFUNGAL MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# BRAND TOPICAL STEROIDS STEP

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## Products Affected

### Step 2:

- Capex 0.01 % shampoo
- Cordran Tape Large Roll 4 mcg/cm<sup>2</sup>
- Desonate 0.05 % topical gel
- Enstilar 0.005 %-0.064 % topical foam
- halobetasol propionate 0.05 % topical foam
- Halog 0.1 % topical cream
- Halog 0.1 % topical ointment
- Impoyz 0.025 % topical cream
- Lexette 0.05 % topical foam
- Pandel 0.1 % topical cream
- Taclonex 0.005 %-0.064 % topical suspension
- Topicort 0.25 % topical spray

## Details

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<b>Criteria</b>	COVERAGE OF BRAND NAME TOPICAL STEROIDS REQUIRES A TRIAL OF TWO DIFFERENT GENERIC TOPICAL STEROID MEDICATIONS. IF TWO DIFFERENT GENERIC TOPICAL STEROID MEDICATIONS ARE NOT AVAILABLE TO TREAT A SPECIFIC DIAGNOSIS, THEN A TRIAL OF ONE GENERIC TOPICAL STEROID MEDICATION SATISFIES THIS REQUIREMENT. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# CUPRIMINE

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## Products Affected

### Step 2:

- Cuprimine 250 mg capsule
- penicillamine 250 mg capsule

## Details

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<b>Criteria</b>	COVERAGE OF CUPRIMINE OR PENICILLAMINE REQUIRES A TRIAL OF DEPEN. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# INVEGA

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## Products Affected

### Step 2:

- Invega Sustenna 117 mg/0.75 mL intramuscular syringe
- Invega Sustenna 156 mg/mL intramuscular syringe
- Invega Sustenna 234 mg/1.5 mL intramuscular syringe
- Invega Sustenna 39 mg/0.25 mL intramuscular syringe
- Invega Sustenna 78 mg/0.5 mL intramuscular syringe
- Invega Trinza 273 mg/0.875 mL intramuscular syringe
- Invega Trinza 410 mg/1.315 mL intramuscular syringe
- Invega Trinza 546 mg/1.75 mL intramuscular syringe
- Invega Trinza 819 mg/2.625 mL intramuscular syringe

### Details

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<b>Criteria</b>	COVERAGE OF INVEGA REQUIRES A TRIAL OF RISPERIDONE AND AT LEAST ONE OTHER ANTIPSYCHOTIC MEDICATION OR MOOD STABILIZER. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# SAVELLA STEP

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## Products Affected

### Step 2:

- Savella 100 mg tablet
- Savella 12.5 mg (5)-25 mg(8)-50mg(42) tablets in a dose pack
- Savella 12.5 mg tablet
- Savella 25 mg tablet
- Savella 50 mg tablet

## Details

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<b>Criteria</b>	COVERAGE OF SAVELLA REQUIRES A TRIAL OF DULOXETINE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# SOOLANTRA

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## Products Affected

### Step 2:

- Soolantra 1 % topical cream

## Details

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<b>Criteria</b>	COVERAGE OF SOOLANTRA REQUIRES A TRIAL OF ONE GENERIC TOPICAL METRONIDAZOLE PRODUCT. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# TRELEGY ELLIPTA STEP

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## Products Affected

### Step 2:

- Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation

## Details

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<b>Criteria</b>	COVERAGE OF TRELEGY ELLIPTA REQUIRES A TRIAL OF ONE PREFERRED LONG-ACTING MUSCARINIC RECEPTOR ANTAGONIST (LAMA) OR ONE PREFERRED LONG-ACTING MUSCARINIC RECEPTOR ANTAGONIST/LONG-ACTING BETA AGONIST (LAMA/LABA) OR ONE PREFERRED LONG-ACTING BETA AGONIST/INHALED CORTICOSTEROID (LABA/ICS). IF A REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# TRIENTINE STEP

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## Products Affected

### Step 2:

- trientine 250 mg capsule

## Details

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<b>Criteria</b>	COVERAGE OF TRIENTINE REQUIRES A TRIAL OF DEPEN. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# TRIPTAN INJECTABLE STEP

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## Products Affected

### Step 2:

- Zembrace Symtouch 3 mg/0.5 mL  
subcutaneous pen injector

## Details

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<b>Criteria</b>	COVERAGE OF CERTAIN BRAND NAME INJECTABLE TRIPTAN MEDICATIONS REQUIRES A TRIAL OF A GENERIC SUMATRIPTAN INJECTABLE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# TRIPTAN STEP

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## Products Affected

### Step 2:

- Onzetra Xsail 11 mg powder for nasal inhalation

## Details

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<b>Criteria</b>	COVERAGE OF CERTAIN BRAND NAME TRIPTAN MEDICATIONS REQUIRES A TRIAL OF TWO GENERIC TRIPTAN MEDICATIONS. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# XHANCE STEP

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## Products Affected

### Step 2:

- Xhance 93 mcg/actuation breath activated aerosol

## Details

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<b>Criteria</b>	COVERAGE OF XHANCE REQUIRES A TRIAL OF MOMETASONE NASAL SPRAY. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# ZELAPAR STEP

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## Products Affected

### Step 2:

- Zelapar 1.25 mg disintegrating tablet

## Details

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<b>Criteria</b>	COVERAGE OF ZELAPAR REQUIRES A TRIAL OF ORAL SELEGILINE. IF THE REQUIRED DRUG APPEARS IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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# ZYFLO, ZILEUTON ER STEP

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## Products Affected

### Step 2:

- zileuton ER 600 mg tablet,extended release 12hr mphase
- Zyflo 600 mg tablet

## Details

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<b>Criteria</b>	COVERAGE OF ZYFLO OR ZILEUTON ER REQUIRES TRIALS OF BOTH ORAL MONTELUKAST AND ZAFIRLUKAST. IF THE REQUIRED DRUGS APPEAR IN THE PRESCRIPTION PROFILE IN THE LAST 365 DAYS, THEN ADDITIONAL DOCUMENTATION IS NOT REQUIRED.
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