

2021 Step Therapy Criteria

Select the drug for quick access to the Step Therapy criteria.

<u>A → E</u>	<u>F → N</u>	<u>O → S</u>	<u>T → Z</u>
Abilify®	Fanapt®	Omnaris®	Testim®
Androgel®	Farxiga®	Ozempic®	Trintellix®
Aptesio® XR	Fortesta®	Pancreaze®	Trulicity®
Beconase® AQ	Geodon®	Pertzye®	Victoza®
Belsomra®	Glyxambi®	Protopic®	Viibryd®
Caplyta®	Invega®	Quillivant® XR	Vraylar®
Contrave®	Janumet®	Rexulti®	Xigduo®
Cotempla® XL-ODT	Januvia®	Rhopressa®	Xultophy®
Daytrana® Patch	Jardiance®	Rocklatan®	Zetonna®
Elidel®	Latuda®	Rybelsus®	Zioptan®
Eucrisa®	Nasonex®	Saphris®	
	Natesto®	Seroquel®	
	Nayzilam®	Seroquel® XR	
	nizatidine	Soliqua®	

Drug Name	Step Therapy Criteria
Abilify® <i>aripiprazole</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred generic product such as olanzapine, risperidone, quetiapine, aripiprazole and/or ziprasidone
Androgel® <i>testosterone</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as testosterone gel and/or testosterone solution
Aptensio® XR <i>methylphenidate XR</i>	Coverage will be provided after a trial of generic methylphenidate: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as methylphenidate immediate release tablet, methylphenidate extended release tablet
Beconase® AQ <i>beclomethasone dipropionate</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred corticosteroid nasal sprays such as budesonide, flunisolide, fluticasone, mometasone, and/or triamcinolone
Belsomra® <i>suvorexant</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as eszopiclone, zaleplon, zolpidem, and/or doxepin
Caplyta® <i>lumatererone tosylate</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, quetiapine, aripiprazole, and/or ziprasidone

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Contrave® <i>naltrexone-bupropion ER</i>	Coverage will be provided after a 90-day trial of the following treatment options with in the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as benzphetamine, diethylpropion, phendimetrazine, and/or phentermine
Cotempla® XL-ODT <i>methylphenidate extended-release ODT</i>	Coverage will be provided after a trial of generic methylphenidate: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as methylphenidate immediate release tablet, methylphenidate extended release tablet
Daytrana® Patch <i>methylphenidate patch</i>	Coverage will be provided after a trial of generic methylphenidate: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as methylphenidate immediate release tablet, methylphenidate extended release tablet
Elidel® <i>pimecrolimus</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one high-potency topical corticosteroid product such as triamcinolone, betamethasone, clobetasol, hydrocortisone, mometasone, etc.
Eucrisa® <i>crisaborole</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one topical calcineurin inhibitor, such as Protopic® (tacrolimus) and/or Elidel® (pimecrolimus)
Fanapt® <i>iloperidone</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, quetiapine, ziprasidone, and/or aripiprazole

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Farxiga® <i>dapagliflozin</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Fortesta® <i>testosterone</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as testosterone gel and/or testosterone solution
Geodon® <i>ziprasidone</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, ziprasidone, quetiapine, and/or aripiprazole
Glyxambi® <i>empagliflozin-linagliptan</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Invega® <i>paliperidone</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, quetiapine, ziprasidone, and/or aripiprazole
Janumet® <i>sitagliptin-metformin</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide

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Januvia® <i>sitagliptin</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Jardiance® <i>empagliflozin</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Latuda® <i>lurasidone</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, quetiapine, ziprasidone, and/or aripiprazole
Nasonex® <i>mometasone</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred corticosteroid nasal sprays such as budesonide, flunisolide, fluticasone, beclomethasone, and/or triamcinolone
Natesto® <i>testosterone</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as testosterone gel and/or testosterone solution
Nayzilam® <i>midazolam</i>	Coverage will be provided after a trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Fill history of select antiseizure medications such as levetiracetam, phenytoin, midazolam IM, and/or diazepam rectal

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nizatidine	<p>Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days:</p> <ul style="list-style-type: none"> • Trial of at least one preferred histamine-2 antagonists such as famotidine, ranitidine, and/or cimetidine
Omnaris® <i>ciclesonide</i>	<p>Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days:</p> <ul style="list-style-type: none"> • Trial of at least one preferred corticosteroid nasal sprays such as budesonide, flunisolide, fluticasone, azelastine-fluticasone, beclomethasone, mometasone, and/or triamcinolone
Ozempic® <i>semaglutide</i>	<p>Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days:</p> <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Pancreaze® <i>pancrelipase</i>	<p>Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days:</p> <ul style="list-style-type: none"> • Trial of at least one preferred brand product such as Creon® (pancrelipase) and/or Zenpep® (pancrelipase)
Pertzye® <i>pancrelipase</i>	<p>Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days:</p> <ul style="list-style-type: none"> • Trial of at least one preferred brand product such as Creon® (pancrelipase) and/or Zenpep® (pancrelipase)
Protopic® <i>tacrolimus</i>	<p>Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days:</p> <ul style="list-style-type: none"> • Trial of at least one high-potency topical corticosteroid product such as triamcinolone, betamethasone, clobetasol, hydrocortisone, mometasone, etc.

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Quillivant® XR <i>methylphenidate XR liquid</i>	Coverage will be provided after a trial of generic methylphenidate: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as methylphenidate immediate release tablet, methylphenidate extended release tablet
Rexulti® <i>brexpiprazole</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, ziprasidone, quetiapine, and/or aripiprazole
Rhopressa® <i>netarsudil dimesylmate</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as bimatoprost, latanoprost, and/or travoprost
Rocklatan® <i>netarsudil dimesylmate-latanoprost</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as bimatoprost, latanoprost, and/or travoprost
Rybelsus® <i>semaglutide</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Saphris® <i>asenapine</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, quetiapine, ziprasidone, and/or aripiprazole

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Seroquel® <i>quetiapine</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred generic product such as olanzapine, risperidone, ziprasidone, and/or aripiprazole
Seroquel® XR <i>quetiapine ER</i> <i>*step required for brand and generic products</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred generic product such as olanzapine, risperidone, ziprasidone, and/or aripiprazole
Soliqua® <i>insulin glargine-lixisenatide</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred insulin products such as Basaglar® (glargine), Levemir® (detemir), and/or Tresiba® (degludec)
Testim® <i>testosterone</i> <i>*step required for brand product only</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one generic equivalent product such as testosterone gel and/or testosterone solution
Trintellix® <i>vortioxetine</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as fluoxetine, paroxetine, escitalopram, citalopram, fluvoxamine, and/or sertraline
Trulicity® <i>dulaglutide</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide

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Victoza® <i>liraglutide</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Viibryd® <i>vilazodone</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as fluoxetine, paroxetine, escitalopram, citalopram, fluvoxamine, and/or sertraline
Vraylar® <i>cariprazine</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred product such as olanzapine, risperidone, ziprasidone, quetiapine, and/or aripiprazole
Xigduo® <i>dapagliflozin-metformin</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred oral product such as metformin, glipizide, and/or glyburide
Xultophy® <i>insulin degludec-liraglutide</i>	Coverage will be provided after a 90-day trial of the following treatment options within the last 180 days: <ul style="list-style-type: none"> • Trial of at least one preferred insulin products such as Basaglar® (glargine), Levemir® (detemir), and/or Tresiba® (degludec)
Zetonna® <i>ciclesonide aerosol</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"> • Trial of at least one preferred corticosteroid nasal sprays such as budesonide, flunisolide, fluticasone, azelastine-fluticasone, beclomethasone, mometasone, and/or triamcinolone

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Zioptan® <i>tafluprost</i>	Coverage will be provided after a 30-day trial of the following treatment options within the last 365 days: <ul style="list-style-type: none"><li data-bbox="558 520 1308 583">• Trial of at least one preferred product such as bimatoprost, latanoprost, and/or travoprost.

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