MEDICATION(S) SUBJECT TO STEP THERAPY

DESOXIMETASONE 0.25 % LIQUID, FANAPT, FANAPT TITRATION PACK A, FANAPT TITRATION PACK B, FANAPT TITRATION PACK C, GEMTESA, MIRABEGRON ER 25 MG TAB ER 24H, MIRABEGRON ER 50 MG TAB ER 24H, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H, OXYTROL, TOPICORT SPRAY

CRITERIA

N/A

< 65 YEARS OF AGE: USE TWO OF THE FOLLOWING: ZOLPIDEM, ESZOPICLONE, ZALEPLON OR ROZEREM FIRST; 65 YEARS OF AGE AND OLDER: TRY RAMELTEON FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

BELSOMRA, DAYVIGO, QUVIVIQ

CRITERIA

N/A

< 65 YEARS OF AGE: USE ZOLPIDEM IMMEDIATE-RELEASE, ZOLPIDEM EXTENDED-RELEASE, ESZOPICLONE, OR ZALEPLON FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DOXEPIN HCL 3 MG TAB, DOXEPIN HCL 6 MG TAB, RAMELTEON, ROZEREM, SILENOR

CRITERIA

N/A

INHALED CORTICOSTEROID - NON-PREFERRED

MEDICATION(S) SUBJECT TO STEP THERAPY

ALVESCO, BECLOMETHASONE DIPROP HFA, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE FUROATE ELLIPTA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA

CRITERIA

Need to try 2 preferred inhaled corticosteroids first.

PLUS BTO ST PLUS: USE TWO PREFERRED GENERIC ANGIOTENSIN II RECEPTOR ANTAGONISTS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AZILSARTAN MEDOXOMIL, EDARBI

CRITERIA

use two preferred generic angiotensin II receptor antagonists first

PLUS: USE 2 OF THE FOLLOWING FIRST: FLUNISOLIDE, FLUTICASONE, OR MOMETASONE

MEDICATION(S) SUBJECT TO STEP THERAPY

BECONASE AQ, OMNARIS, QNASL, QNASL CHILDRENS, ZETONNA

CRITERIA

Plus: use 2 of the following first: flunisolide, fluticasone, or mometasone

PLUS: USE 2 OF THE FOLLOWING MEDICATIONS IN 2 DIFFERENT DRUG CLASSES INCLUDING: ARB, ACE-INHIBITOR, LONG-ACTING DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKER, OR THIAZIDE DIURETIC

MEDICATION(S) SUBJECT TO STEP THERAPY

ALISKIREN FUMARATE, TEKTURNA, TEKTURNA HCT

CRITERIA

Plus: use 2 of the following medications in 2 different drug classes including: ARB, ACE-inhibitor, long-acting dihydropyridine calcium channel blocker, or thiazide diuretic

PLUS: USE ADAPALENE OR BENZOYL PEROXIDE CONTAINING PRODUCT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ADAPALENE-BENZOYL PEROXIDE 0.3-2.5 % GEL, EPIDUO FORTE

CRITERIA

Plus: use adapalene or benzoyl peroxide containing product first

PLUS: USE ALENDRONATE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

BINOSTO

CRITERIA

Plus: use alendronate first

PLUS: USE ALLOPURINOL FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT, ULORIC

CRITERIA

Plus: use allopurinol first

PLUS: USE AMILORIDE, SPIRONOLACTONE, OR TRIAMTERENE/HCTZ FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DYRENIUM, TRIAMTERENE

CRITERIA

Plus: use amiloride, spironolactone, or triamterene/hctz first

PLUS: USE ANORO ELLIPTA FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

BEVESPI AEROSPHERE, DUAKLIR PRESSAIR, STIOLTO RESPIMAT, UMECLIDINIUM-VILANTEROL

CRITERIA

Plus: use Anoro Ellipta first

PLUS: USE CARBIDOPA/LEVODOPA ER FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP ER, CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP ER, CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP ER, CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP ER, RYTARY

CRITERIA

Plus: use carbidopa/levodopa er first

PLUS: USE CARVEDILOL FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CARVEDILOL PHOSPHATE ER, COREG CR

CRITERIA

Plus: use carvedilol first

PLUS: USE CYCLOBENZAPRINE [FLEXERIL] 5 MG AND 10 MG FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CYCLOBENZAPRINE HCL 7.5 MG TAB, FEXMID

CRITERIA

N/A

PLUS: USE CYCLOBENZAPRINE [FLEXERIL] FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AMRIX, CYCLOBENZAPRINE HCL ER

CRITERIA

Plus: use cyclobenzaprine [Flexeril] 5 mg and 10 mg first

PLUS: USE DONEPEZIL 5MG OR 10MG FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ARICEPT 23 MG TAB, DONEPEZIL HCL 23 MG TAB

CRITERIA

Plus: use donepezil 5mg or 10mg first

PLUS: USE DORZOLAMIDE (TRUSOPT) FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AZOPT, BRINZOLAMIDE

CRITERIA

N/A

PLUS: USE ECONAZOLE CREAM AND ONE OTHER PREFERRED TOPICAL ANTI-FUNGAL AGENT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ECONAZOLE NITRATE 1 % FOAM, ECOZA

CRITERIA

Plus: use econazole cream and one other preferred topical anti-fungal agent first

PLUS: USE ENTACAPONE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ONGENTYS, TASMAR, TOLCAPONE

CRITERIA

Plus: use entacapone first

PLUS: USE FLUVOXAMINE IR TABS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUVOXAMINE MALEATE ER

CRITERIA

Plus: use fluvoxamine ir tabs first

PLUS: USE GENERIC LAMOTRIGINE IMMEDIATE-RELEASE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

LAMICTAL XR, LAMOTRIGINE ER

CRITERIA

Plus: use generic lamotrigine immediate-release first

PLUS: USE IMIQUIMOD 5% CREAM AND TOLAK FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

IMIQUIMOD 3.75 % CREAM, IMIQUIMOD PUMP, ZYCLARA, ZYCLARA PUMP

CRITERIA

Use imiquimod 5% cream and Tolak first

PLUS: USE LATANOPROST FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

BIMATOPROST 0.01 % SOLUTION, LUMIGAN, TAFLUPROST (PF), XELPROS, ZIOPTAN

CRITERIA

Plus: use latanoprost first

PLUS: USE LEVETIRACETAM FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

BRIVARACETAM 100 MG TAB, BRIVARACETAM 10 MG/ML SOLUTION, BRIVARACETAM 10 MG TAB, BRIVARACETAM 25 MG TAB, BRIVARACETAM 50 MG TAB, BRIVARACETAM 75 MG TAB, BRIVIACT 100 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB

CRITERIA

Plus: use levetiracetam first

PLUS: USE MUPIROCIN [BACTROBAN] OINTMENT OR CREAM FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTABAX, XEPI

CRITERIA

Plus: use mupirocin [Bactroban] ointment or cream first

PLUS: USE OMEPRAZOLE CAP AND LANSOPRAZOLE CAP FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ESOMEPRAZOLE MAGNESIUM 20 MG PACKET, ESOMEPRAZOLE MAGNESIUM 40 MG PACKET, LANSOPRAZOLE 30 MG TAB DR DISP, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET, PREVACID SOLUTAB 30 MG TAB DR DISP

CRITERIA

Plus: use omeprazole cap and lansoprazole cap first

PLUS: USE ONE OF THE FOLLOWING: MESALAMINE ER CAPSULE (APRISO), MESALAMINE DR TABLET (LIALDA), BALSALAZIDE (COLAZAL)

MEDICATION(S) SUBJECT TO STEP THERAPY

ASACOL HD, DELZICOL, DIPENTUM, MESALAMINE 400 MG CAP DR, MESALAMINE 800 MG TAB DR, MESALAMINE ER 250 MG CAP ER, MESALAMINE ER 500 MG CAP ER, PENTASA

CRITERIA

Plus: use one of the following: mesalamine er capsule (Apriso), mesalamine dr tablet (Lialda), balsalazide (Colazal)

PLUS: USE ONE PREFERRED IMMEDIATE-RELEASE ADHD AGENT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AMPHETAMINE SULFATE, DESOXYN, DEXTROAMPHETAMINE SULFATE, EVEKEO, EVEKEO ODT, METHAMPHETAMINE HCL, METHYLIN, METHYLPHENIDATE HCL 10 MG/5ML SOLUTION, METHYLPHENIDATE HCL 5 MG/5ML SOLUTION, PROCENTRA, ZENZEDI

CRITERIA

Plus: use one preferred immediate-release ADHD agent first

PLUS: USE ONE PREFERRED TOPICAL ANTIFUNGAL FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

LULICONAZOLE, LUZU, NAFTIFINE HCL, NAFTIN, OXICONAZOLE NITRATE, OXISTAT 1 % CREAM

CRITERIA

Plus: use one preferred topical antifungal first

PLUS: USE OXCARBAZEPINE IMMEDIATE RELEASE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

OXCARBAZEPINE ER, OXTELLAR XR

CRITERIA

Plus: use oxcarbazepine immediate release first

PLUS: USE PERINDOPRIL AND AMLODIPINE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

PRESTALIA

CRITERIA

Plus: use perindopril and amlodipine first

PLUS: USE PIOGLITAZONE OR GLIMEPIRIDE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DUETACT, PIOGLITAZONE HCL-GLIMEPIRIDE

CRITERIA

Plus: use pioglitazone or glimepiride first

PLUS: USE RASAGILINE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

XADAGO

CRITERIA

Plus: use rasagiline first

PLUS: USE SUMATRIPTAN NASAL FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLMITRIPTAN 2.5 MG SOLUTION, ZOLMITRIPTAN 5 MG SOLUTION, ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION

CRITERIA

Plus: use sumatriptan nasal first

PLUS: USE SUMATRIPTAN VIAL, PREFILLED SYRINGE, OR PREFILLED CARTRIDGE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ZEMBRACE SYMTOUCH

CRITERIA

Plus: use sumatriptan vial, prefilled syringe, or prefilled cartridge first

PLUS: USE TACROLIMUS IR FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ENVARSUS XR

CRITERIA

Plus: use tacrolimus IR first

PLUS: USE TOPICAL KETOCONAZOLE 2% CREAM OR SHAMPOO FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

EXTINA, KETOCONAZOLE 2 % FOAM, KETODAN 2 % FOAM, XOLEGEL

CRITERIA

Plus: use topical ketoconazole 2% cream or shampoo first

PLUS: USE TOPICAL TRETINOIN AND TOPICAL CLINDAMYCIN FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CLINDAMYCIN-TRETINOIN, VELTIN, ZIANA

CRITERIA

Plus: use topical tretinoin and topical clindamycin first

PLUS: USE TRIAMCINOLONE AND ONE OTHER PREFERRED MEDIUM POTENCY TOPICAL STEROID FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

KENALOG, TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN

CRITERIA

Plus: use triamcinolone and one other preferred medium potency topical steroid first

PLUS: USE TWO FIRST: CLONAZEPAM, FELBAMATE, LAMOTRIGINE, TOPIRAMATE AND VALPROATE OR DIVALPROEX

MEDICATION(S) SUBJECT TO STEP THERAPY

BANZEL, CLOBAZAM 10 MG TAB, CLOBAZAM 20 MG TAB, CLOBAZAM 2.5 MG/ML SUSPENSION, ONFI, RUFINAMIDE 200 MG TAB, RUFINAMIDE 400 MG TAB, RUFINAMIDE 40 MG/ML SUSPENSION

CRITERIA

N/A

PLUS: USE TWO FORMULARY TOPICAL RETINOIDS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

RETIN-A MICRO, RETIN-A MICRO PUMP, TRETINOIN MICROSPHERE, TRETINOIN MICROSPHERE PUMP

CRITERIA

Plus: use two formulary topical retinoids first

PLUS: USE TWO OF THE FOLLOWING MEDICATIONS IN 2 DIFFERENT DRUG CLASSES INCLUDING: TCA, SSRI, SNRI, TRAMADOL, GABAPENTIN, OR CYCLOBENZAPRINE

MEDICATION(S) SUBJECT TO STEP THERAPY

MILNACIPRAN HCL, SAVELLA, SAVELLA TITRATION PACK

CRITERIA

Plus: use two of the following medications in 2 different drug classes including: TCA, SSRI, SNRI, tramadol, gabapentin, or cyclobenzaprine

PLUS: USE TWO PREFERRED TOPICAL STEROIDS IN THE SAME POTENCY CLASS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AMCINONIDE 0.1 % LOTION, APEXICON E, DESOXIMETASONE 0.05 % CREAM, DESOXIMETASONE 0.05 % GEL, DESOXIMETASONE 0.05 % OINTMENT, DESOXIMETASONE 0.25 % CREAM, DESOXIMETASONE 0.25 % OINTMENT, HYDROCORTISONE BUTYR LIPO BASE, LOCOID LIPOCREAM, TOPICORT

CRITERIA

Plus: use two preferred topical steroids in the same potency class first

PLUS: USE TWO PREFERRED TOPICAL STEROIDS IN THE SAME POTENCY CLASS FIRST (MEDIUM)

MEDICATION(S) SUBJECT TO STEP THERAPY

BETAMETHASONE VALERATE 0.12 % FOAM, CLOCORTOLONE PIVALATE, CLODERM, CUTIVATE, EVESSE, FLUTICASONE PROPIONATE 0.05 % LOTION, HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % LOTION, LOCOID, LUXIQ, TRIAMCINOLONE ACETONIDE 0.05 % OINTMENT, TRIAMCINOLONE IN ABSORBASE, TRIANEX, TRITOCIN

CRITERIA

Plus: use two preferred topical steroids in the same potency class first (medium)

RIZAFILM

MEDICATION(S) SUBJECT TO STEP THERAPY

RIZAFILM

CRITERIA

Need to try rizatriptan ODT first.

TRY ONE TOPICAL RETINOID AND ONE OTHER TOPICAL ACNE VULGARIS AGENT (TOPICAL ANTIBIOTICS, BENZOYL PEROXIDE)

MEDICATION(S) SUBJECT TO STEP THERAPY

ACZONE, DAPSONE 5 % GEL, DAPSONE 7.5 % GEL

CRITERIA

N/A

USE 1 PREFERRED GENERIC ANTIDEPRESSANT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

TRINTELLIX

CRITERIA

N/A

USE 2 OF THE FOLLOWING FIRST: ELETRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN OR ZOLMITRIPTAN

MEDICATION(S) SUBJECT TO STEP THERAPY

ALMOTRIPTAN MALATE, FROVA, FROVATRIPTAN SUCCINATE

CRITERIA

N/A

USE 2 OF THE FOLLOWING FIRST: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, OR RABEPRAZOLE

MEDICATION(S) SUBJECT TO STEP THERAPY

ESOMEPRAZOLE MAGNESIUM 40 MG CAP DR, NEXIUM 40 MG CAP DR

CRITERIA

N/A

USE 2 PREFERRED DRUGS FOR ACNE VULGARIS, ONE OF WHICH IS GENERIC DUAC OR BENZACLIN

MEDICATION(S) SUBJECT TO STEP THERAPY

ACANYA, CLINDAMYCIN PHOS-BENZOYL PEROX 1.2-2.5 % GEL, CLINDAMYCIN PHOS-BENZOYL PEROX 1.2-3.75 % GEL, ONEXTON

CRITERIA

N/A

USE 2 PREFERRED GENERIC ARB COMBINATIONS

MEDICATION(S) SUBJECT TO STEP THERAPY

AMLODIPINE-VALSARTAN-HCTZ, EDARBYCLOR, EXFORGE HCT, TELMISARTAN-AMLODIPINE

CRITERIA

N/A

USE AZELASTINE-FLUTICASONE (DYMISTA) FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

RYALTRIS

CRITERIA

N/A

USE CIPROFLOXACIN 0.3%-DEXAMETHASONE 0.1% OTIC DROPS (GENERIC CIPRODEX)

MEDICATION(S) SUBJECT TO STEP THERAPY

CIPROFLOXACIN-HYDROCORTISONE, CIPRO HC

CRITERIA

N/A

USE CITALOPRAM 20MG AND 40MG TABLET FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CITALOPRAM HYDROBROMIDE 30 MG CAP

CRITERIA

N/A

USE CLOBETASOL 0.05% FOAM OR SOLUTION FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CLOBETASOL PROPIONATE EMULSION, OLUX-E, TOVET 0.05 % FOAM

CRITERIA

N/A

USE CLOZAPINE FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

VERSACLOZ

CRITERIA

N/A

USE DAPAGLIFLOZIN-CONTAINING AGENT AND A EMPAGLIFLOZIN-CONTAINING AGENT

MEDICATION(S) SUBJECT TO STEP THERAPY

BEXAGLIFLOZIN, BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO

CRITERIA

N/A

USE DESLORATADINE 5MG TABLET FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CLARINEX-D 12 HOUR, DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP

CRITERIA

N/A

USE FENOFIBRATE (GENERIC TRICOR, LOFIBRA, OR TRILIPIX) FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ANTARA, FENOFIBRATE 120 MG TAB, FENOFIBRATE 150 MG CAP, FENOFIBRATE 40 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE MICRONIZED 130 MG CAP, FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 43 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP, FENOGLIDE, LIPOFEN

CRITERIA

N/A

USE GENERIC ALBUTEROL (VENTOLIN, PROAIR, PROVENTIL)

MEDICATION(S) SUBJECT TO STEP THERAPY

PROAIR RESPICLICK

CRITERIA

N/A

USE GENERIC METFORMIN FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DAPAGLIFLOZ BASE-METFORMIN ER, DAPAGLIFLOZIN, FARXIGA, GLYXAMBI, JANUMET, JANUMET XR, JANUVIA, JARDIANCE, SITAGLIP PHOS-METFORMIN HCL ER, SITAGLIPTIN PHOS-METFORMIN HCL, SITAGLIPTIN PHOSPHATE, SYNJARDY, SYNJARDY XR, XIGDUO XR

CRITERIA

N/A

USE IMIQUIMOD 5% CREAM AND PODOFILOX 0.5% SOLUTION FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

CONDYLOX, PODOFILOX 0.5 % GEL

CRITERIA

N/A

USE IMIQUIMOD 5% CREAM PACKET (ALDARA) AND PODOFILOX 0.5% SOLUTION

MEDICATION(S) SUBJECT TO STEP THERAPY

VEREGEN

CRITERIA

N/A

USE INCRUSE ELLIPTA AND SPIRIVA RESPIMAT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

TUDORZA PRESSAIR

CRITERIA

N/A

USE JANUVIA, JANUMET, JANUMET XR FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN BENZOATE, ALOGLIPTIN-METFORMIN HCL, ALOGLIPTIN-PIOGLITAZONE, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SAXAGLIPTIN HCL, SAXAGLIPTIN-METFORMIN ER, TRADJENTA

CRITERIA

N/A

USE LATANOPROST OR TRAVOPROST 0.004% BAK FREE

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLYMBUS

CRITERIA

N/A

USE ONE PREFERRED TOPICAL SULFACETAMIDE-SULFUR CLEANSER FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AVAR CLEANSER, AVAR LS CLEANSER, OVACE PLUS WASH 10 % GEL, PLEXION CLEANSER, PLEXION CLEANSING CLOTH, SULFACETAMIDE SODIUM (CLEANS), SULFACETAMIDE SODIUM-SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID, SULFACLEANSE 8/4, SUMAXIN

CRITERIA

N/A

USE ONE PREFERRED TOPICAL SULFACETAMIDE-SULFUR NON-CLEANSER FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

AVAR-E EMOLLIENT, AVAR-E GREEN, AVAR-E LS, PLEXION, SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LOTION

CRITERIA

N/A

USE ONE TOPICAL SULFACETAMIDE-SULFUR PRODUCT FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

SSS 10-5 10-5 % FOAM

CRITERIA

N/A

USE TIMOLOL 0.5% OPHTHALMIC SOLUTION FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

TIMOLOL MALEATE OCUDOSE, TIMOLOL MALEATE PF, TIMOPTIC OCUDOSE

CRITERIA

N/A

USE TWO PREFERRED ANTICONVULSANTS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

APTIOM, ESLICARBAZEPINE ACETATE, FYCOMPA, PERAMPANEL

CRITERIA

N/A

USE TWO PREFERRED EXTENDED RELEASE ADHD DRUGS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXEDRINE, DEXTROAMPHETAMINE SULFATE ER

CRITERIA

N/A

USE TWO PREFERRED METHYLPHENIDATE ER PRODUCTS FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

DAYTRANA, METADATE CD, METHYLPHENIDATE

CRITERIA

N/A

USE TWO PREFERRED STATINS (ATORVASTATIN, ROSUVASTATIN, PRAVASTATIN, SIMVASTATIN) FIRST

MEDICATION(S) SUBJECT TO STEP THERAPY

LIVALO, PITAVASTATIN CALCIUM, ZYPITAMAG

CRITERIA

N/A