

## **ASMANEX(GHP)**

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

ASMANEX (120 METERED DOSES), ASMANEX (30 METERED DOSES), ASMANEX (60 METERED DOSES), ASMANEX HFA

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ARNUITY ELLIPTA and QVAR, WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **BAFIERTAM(GHP)**

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

BAFIERTAM

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF DIMETHYL FUMARATE WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **DESVENLAFAXINE ER(GHP)**

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

DESVENLAFAXINE ER

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF DESVENLAFAXINE SUCCINATE ER WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **NEUPRO(GHP)**

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

NEUPRO

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF PRAMIPEXOLE AND ROPINIROLE WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **ONGENTYS(GHP)**

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

ONGENTYS

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER ENTACAPONE, CARBIDOPA-LEVODOPA-ENTACAPONE, OR TOLCAPONE WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **PRADAXA(GHP)**

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

DABIGATRAN ETEXILATE MESYLATE

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ELIQUIS OR XARELTO, WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **RHOPRESSA(GHP)**

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

RHOPRESSA, ROCKLATAN

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LATANOPROST OR TRAVOPROST WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBER SHOULD REQUEST AN EXCEPTION FOR COVERAGE

## **SPRITAM(GHP)**

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

SPRITAM

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LEVETIRACETAM ORAL SOLUTION WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.



## **TOLCAPONE(GHP)**

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

TOLCAPONE

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF (1) ONGENTYS AND EITHER (2) ENTACAPONE OR CARBIDOPA-LEVODOPA-ENTACAPONE, WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **TRAVOPROST(GHP)**

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

TRAVOPROST (BAK FREE)

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LATANOPROST WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **TUDORZA(GHP)**

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

TUDORZA PRESSAIR

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF SPIRIVA and INCRUSE ELLIPTA WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **ULORIC(GHP)**

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

FEBUXOSTAT

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ALLOPURINOL WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **VELPHORO(GHP)**

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

VELPHORO

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF CALCIUM ACETATE AND EITHER SEVELAMER CARBONATE or LANTHANUM CARBONATE WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **VUMERITY(GHP)**

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

VUMERITY

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF DIMETHYL FUMARATE WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **XELPROS EMULSION(GHP)**

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

XELPROS

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LATANOPROST WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

## **XULTOPHY(GHP)**

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

XULTOPHY

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ONE FORMULARY GLP-1 AGONIST OR ONE FORMULARY LONG-ACTING BASAL INSULIN PRODUCT, WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.



## **ZEGALOGUE(GHP)**

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

ZEGALOGUE

### **CRITERIA**

ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 1 DAY USE OF GVOKE AND BAQSIMI WITHIN PREVIOUS 180 DAYS. INCLUDES LOOKBACK ON SELF. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.