# 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

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

LEVETIRACETAM 250 MG TAB, 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.

## **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.

### **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.

## **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.