

**Pharmacy Prior Authorization
Step Therapy Guidelines**

Medications that require Step Therapy (ST) require trial and failure of preferred formulary agents prior to their authorization. If the prerequisite medications have been filled within the specified time frame, the prescription will automatically process at the pharmacy. Prior Authorization will be required for prescriptions that do not process automatically at the pharmacy.

Medication or Drug Class Name	Step Therapy Requirement
Albuterol Neb 0.63MG/3mL Albuterol Neb 1.25MG/3mL	Use of albuterol nebulizers 0.083% in the previous 90 days. Patients <18 years of age are not subject to the ST therapy.
Acyclovir Ointment	Use of oral acyclovir in the previous 130 days
Adcirca	Use of sildenafil in the previous 130 days
Albenza	Use of pyrantel or ivermectin in the previous 60 days. May also be approved for Ascaris lumbricoides (ascariasis); Capillaria; Hookworm; Whipworm; Filiariasis; Gnathostomiasis; Trichinellosis; or Tapeworm infections without previous use of pyrantel or ivermectin.
Atovaquone	Use of sulfamethoxazole/trimethoprim in the previous 130 days
Auryxia	Use of calcium acetate for at least 30 days in the previous 130 days
Azopt	Use of dorzolamide or dorzolamide/timolol in the previous 130 days
Celecoxib	Use of 3 oral NSAIDs in the previous 180 days. Patients with a claim for a PPI, H2RA, corticosteroid, or oral anticoagulant are not subject to the ST therapy requirement.
DPP4 Inhibitors: Tradjenta Jentadueto	Use of metformin for at least 90 days in the previous 130 days
Ezetimibe	Use of a statin for at least 60 days duration in the previous 130 days
GLP1 Agonists: Trulicity Tanzeum	Use of metformin for at least 90 days duration in the previous 130 days
Isotretinoin Products: Zenatane Myorisan	Use of doxycycline, minocycline, or tetracycline for at least 30 days in the previous 130 days
Itraconazole Solution	Use of itraconazole tablets in the previous 130 days
LAMA/LABA Inhaler: Stiolto	Use of Incruse, Tudorza, Anoro, or Spiriva in the previous 130 days
Lice/Scabicide: Malathion Spinosad	Use of permethrin or pyrethrin in the previous 60 days

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Nasal Steroids: Flunisolide Fluticasone	Use of Nasacort OTC in the previous 130 days.
Levalbuterol HFA	Use of Ventolin HFA
Ophthalmic antihistamines: Epinastine Olopatadine	Use of ketotifen ophthalmic in the previous 130 days
Ophthalmic Prostaglandins: Travoprost Travatan Z	Use of latanoprost in previous 130 days
Oxymorphone ER	Use of 2 of the following agents in the previous 130 days: fentanyl, methadone, morphine ER, oxycodone
Paricalcitol	Use of calcitriol for at least 60 days in the previous 130 days
Ribavirin	Paid claim for a direct-acting antiviral for Hepatitis C or Pegasys in the previous 5 days to assure that patients are taking ribavirin with other appropriate hepatitis C medications and not as monotherapy.
Risperidone ODT	Use of risperidone tablets in the previous 130 days
Rozerem	Use of zolpidem AND zaleplon in the previous 130 days
Savella	Use of duloxetine for at least 60 days in the previous 130 days
SGLT2 Inhibitors: Invokana Invokamet	Use of metformin in the previous 130 days
Topical Calcineurin Inhibitors: Elidel Cream Tacrolimus Ointment	Use of 2 different topical corticosteroids in the previous 130 days
Topical Retinoids: Adapalene Cream Adapalene Gel (Legend) Tretinoin Cream Tretinoin Gel	Use of OTC Differin 0.1% Gel in the previous 130 days
Tolterodine IR Trospium IR Trospium ER	Use of oxybutynin for at least 60 days duration in the previous 130 days
Uloric	Use of allopurinol in the previous 130 days
Zafirlukast	Use for asthma requires that patient is at least 5 years old and had previous use of montelukast
Ziprasidone	Use of BOTH risperidone and quetiapine in the previous 130 days