Step Therapy Program
Effective January 1, 2024

medOne Pharmacy Benefit Solutions

MEMBER GUIDELINES

The Step Therapy Program includes having the Clinical Pharmacy Team work together with a member's physician and pharmacist to assure that a member receives the most cost-effective covered medications as early as possible in the treatment plan. Category A medication may be accessed without additional fail-first requirements. This document does not guarantee coverage of any drug. Additional plan specific limitation may apply.
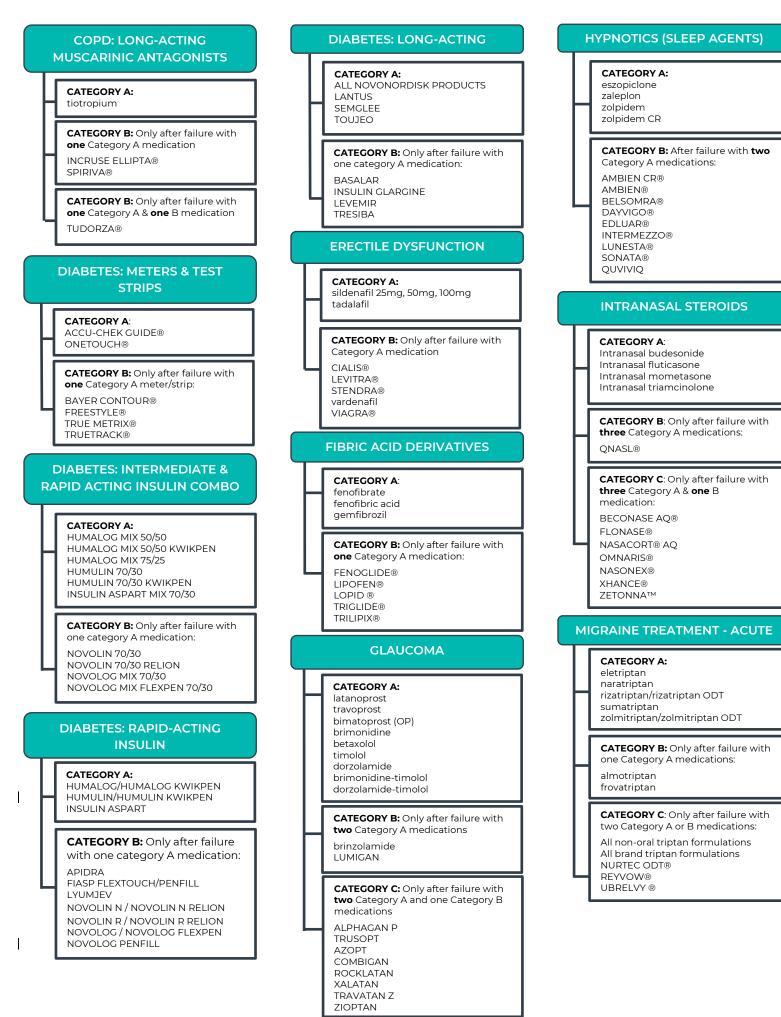
PHYSICIAN GUIDELINES[1]

A review of the most recent 180 days of available claims history will be made. Historical review timeframe may change based on therapy class or client request. Contact MedOne Pharmacy Benefit Solutions at 1 -888-884-6331 to begin the Step Therapy Process. Category A medication may be accessed without additional fail-first requirements. This document does not guarantee coverage of any drug. To access a medication on the step therapy guide, the medication must be on formulary for access. Additional plan specific limitation may apply.

Step therapy guidelines may be updated on an ongoing basis due to changes in the pharmacy industry.
Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

ACNE PRODUCTS – ORAL ANTIBIOTIC

CATEGORY A:
Generic doxycycline
Generic minocycline

CATEGORY B: Only after failure with Category A medication:
Brand doxycycline products
Brand minocycline products
SEYSARA

ACNE PRODUCTS – TOPICAL TREATMENTS

CATEGORY A:
Generic adapalene
Generic topical antibiotics
Generic benzoyl peroxide
Generic salicylic acid
Generic retinoic acid
Generic combination products

CATEGORY B: Only after failure with **two** Category A medications:
Brand topical antibiotics
Brand benzoyl peroxide
Brand salicylic acid
Brand retinoic acid
Brand combination products

ACNE PRODUCTS – ORAL ISOTRETINOIN

CATEGORY A:
Generic oral doxycycline or minocycline
Generic topical antibiotics
Generic topical retinoids

CATEGORY B: Only after failure with all category A medication classes
Generic isotretinoin (Accutane, Amnesteem, Claravis, Isotretinoin Myorisan, Zenatane)

CATEGORY C: Only after failure with Category B medication:
Brand isotretinoin (Absorica, Absorica LD)

ANTIHYPERTENSIVES (HIGH BLOOD PRESSURE)

CATEGORY A:
Any generic, including combination products

CATEGORY B: Only after failure with **two** Category A medications:
EDARBI
TEKTURNA HCT

CATEGORY C: Only after failure with Category A & **one** B medication:
ATACAND®/ATACAND HCT®
AVAPRO®/AVALIDE®
BENICAR®/BENICAR HCT®
COZAAR®
DIOVAN®/ DIOVAN HCT®
EDARBYCLOR
EXFORGE/EXFORGE HCT®
HYZAAR®
MICARDIS®/MICARDIS HCT®
TEKTURNA®
TRIBENZOR®

ASTHMA: ANTI-INFLAMMATORY

CATEGORY A:
ASMANEX® HFA
ASMANEX® TWISTHALER®
budesonide respules
PULMICORT FLEXHALER®
QVAR®

CATEGORY B: Only after failure with **one** Category A medication
ALVESCO®
ARMONAIR DIGIHALER®
FLOVENT®DISKUS/FLOVENT®HFA
FLUTICASONE PROPIONATE HFA[1]

ASTHMA: SHORT-ACTING BRONCHODILATORS

CATEGORY A:
Generic albuterol sulfate inhalers

CATEGORY B: Only after failure with **one** Category A medication
PROAIR HFA®
VENTOLIN HFA®

CATEGORY C: Only after failure with **one** Category A and one medication
Brand albuterol sulfate inhalers[1]
PROAIR DIGIHALER®
PROAIR RESPICLICK®
PROVENTIL HFA®
XOPENEX HFA®

ORAL BISPHOSPHONATES (OSTEOPEROSIS)

CATEGORY A: (all generics)
alendronate
ibandronate
risedronate

CATEGORY B: Only after failure with **two** Category A medications:
ACTONEL®
ATELVIA®
BONIVA®
FOSAMAX® / FOSAMAX PLUS D™

CONTRACEPTIVES[2]

CATEGORY A:
Any generic oral contraceptives

CATEGORY **B:** Only after failure with **two** Category A medications:
All BRAND oral contraceptives[PA]

COPD: LONG-ACTING MUSCARINIC ANTAGONISTS

CATEGORY A:
tiotropium

CATEGORY B: Only after failure with **one** Category A medication

INCRUSE ELLIPTA®
SPIRIVA®

CATEGORY B: Only after failure with **one** Category A & **one** B medication

TUDORZA®

DIABETES: METERS & TEST STRIPS

CATEGORY A:
ACCU-CHEK GUIDE®
ONETOUCH®

CATEGORY B: Only after failure with **one** Category A meter/strip:

BAYER CONTOUR®
FREESTYLE®
TRUE METRIX®
TRUETRACK®

DIABETES: INTERMEDIATE & RAPID ACTING INSULIN COMBO

CATEGORY A:
HUMALOG MIX 50/50
HUMALOG MIX 50/50 KWIKPEN
HUMALOG MIX 75/25
HUMULIN 70/30
HUMULIN 70/30 KWIKPEN
INSULIN ASPART MIX 70/30

CATEGORY B: Only after failure with one category A medication:

NOVOLIN 70/30
NOVOLIN 70/30 RELION
NOVOLOG MIX 70/30
NOVOLOG MIX FLEXPEN 70/30

DIABETES: RAPID-ACTING INSULIN

CATEGORY A:
HUMALOG/HUMALOG KWIKPEN
HUMULIN/HUMULIN KWIKPEN
INSULIN ASPART

CATEGORY B: Only after failure with one category A medication:

APIDRA
FIASP FLEXTOUCH/PENFILL
LYUMJEV
NOVOLIN N / NOVOLIN N RELION
NOVOLIN R / NOVOLIN R RELION
NOVOLOG / NOVOLOG FLEXPEN
NOVOLOG PENFILL

DIABETES: LONG-ACTING

CATEGORY A:
ALL NOVONORDISK PRODUCTS
LANTUS
SEMGLEE
TOUJEO

CATEGORY B: Only after failure with one category A medication:

BASALAR
INSULIN GLARGINE
LEVEMIR
TRESIBA

ERECTILE DYSFUNCTION

CATEGORY A:
sildenafil 25mg, 50mg, 100mg
tadalafil

CATEGORY B: Only after failure with Category A medication

CIALIS®
LEVITRA®
STENDRA®
vardenafil
VIAGRA®

FIBRIC ACID DERIVATIVES

CATEGORY A:
fenofibrate
fenofibric acid
gemfibrozil

CATEGORY B: Only after failure with **one** Category A medication:

FENOGLIDE®
LIPOFEN®
LOPID ®
TRIGLIDE®
TRILIPIX®

GLAUCOMA

CATEGORY A:
latanoprost
travoprost
bimatoprost (OP)
brimonidine
betaxolol
timolol
dorzolamide
brimonidine-timolol
dorzolamide-timolol

CATEGORY B: Only after failure with **two** Category A medications

brinzolamide
LUMIGAN

CATEGORY C: Only after failure with **two** Category A and one Category B medications

ALPHAGAN P
TRUSOPT
AZOPT
COMBIGAN
ROCKLATAN
XALATAN
TRAVATAN Z
ZIOPTAN

HYPNOTICS (SLEEP AGENTS)

CATEGORY A:
eszopiclone
zaleplon
zolpidem
zolpidem CR

CATEGORY B: After failure with **two** Category A medications:

AMBIEN CR®
AMBIEN®
BELSOMRA®
DAYVIGO®
EDLUAR®
INTERMEZZO®
LUNESTA®
SONATA®
QUVIVIQ

INTRANASAL STEROIDS

CATEGORY A:
Intranasal budesonide
Intranasal fluticasone
Intranasal mometasone
Intranasal triamcinolone

CATEGORY B: Only after failure with **three** Category A medications:

QNASL®

CATEGORY C: Only after failure with **three** Category A & **one** B medication:

BECONASE AQ®
FLONASE®
NASACORT® AQ
OMNARIS®
NASONEX®
XHANCE®
ZETONNA™

MIGRAINE TREATMENT - ACUTE

CATEGORY A:
eletriptan
naratriptan
rizatriptan/rizatriptan ODT
sumatriptan
zolmitriptan/zolmitriptan ODT

CATEGORY B: Only after failure with one Category A medications:

almotriptan
frovatriptan

CATEGORY C: Only after failure with two Category A or B medications:

All non-oral triptan formulations
All brand triptan formulations
NURTEC ODT®
REYVOW®
UBRELVY ®

ORAL NSAIDs (ANTI-INFLAMMATORY)

CATEGORY A:
Preferred generic NSAIDs
- celecoxib
- diclofenac
- meloxicam tablets
- naproxen

CATEGORY B: Only after failure with **two** Category A medications:

All Brand NSAIDs
Non-preferred generic NSAIDs
- mefenamic acid
- meloxicam capsules
- fenoprofen

OVERACTIVE BLADDER

CATEGORY A:
- darifenacin
- oxybutynin IR/ER
- fesoterodine
- solifenacin
- tolterodine IR/ER
- trospium IR/ER

CATEGORY B: Only after failure with three Category A medications:

MYRBETRIQ®

CATEGORY C: Only after failure with three Category A & one B medications:

- DETROL®/ DETROL LA®
- DITROPAN/DITROPAN XL®
- GELNIQUE® (transdermal)
- GEMTESA®
- OXYTROL®
- TOVIAZ®
- VESICARE®

PROSTATIC HYPERPLASIA ENZYME INHIBITOR

CATEGORY A:
- dutasteride
- finasteride

CATEGORY B: Only after failure with **one** Category A medication:

AVODART®
PROSCAR®

PROSTATIC HYPERPLASIA RECEPTOR BLOCKER

CATEGORY A:
- alfuzosin IR/XR
- doxazosin
- tamsulosin

CATEGORY B: Only after failure with **two** Category A medications

- CARDURA IR®/CARDURA XL®
- FLOMAX®
- RAPAFLO®
- UROXATRAL®

PROTON PUMP INHIBITOR-PPI[3] (GI/ULCER)

CATEGORY A:
- esomeprazole
- lansoprazole
- omeprazole / Prilosec OTC[4]
- pantoprazole
- rabeprazole

CATEGORY B: Only after failure with all preferred generic PPIs

dexlansoprazole

Category C: Only after failure with all preferred generic PPIs and Category B medications:

- DEXILANT®
- ACIPHEX®
- NEXIUM®
- PREVACID®
- PRILOSEC®
- PROTONIX®

STATINS (HIGH CHOLESTEROL)[5]

CATEGORY A:
All formulary generic statins

CATEGORY B: Only after failure with **two** Category A medications:
- ALTOPREV®
- CRESTOR®
- LESCOL XL®
- LIPITOR®
- LIVALO®
- pitavastatin
- ZOCOR® 5, 10, 20, & 40 mg
- ZYPITAMAG®

TOPICAL IMMUNOMODULATORS

CATEGORY A:
generic topical steroids
generic topical tacrolimus
generic topical pimecrolimus

CATEGORY B: Only after failure with **two** Category A medication:

EUCRISA®

1: Additional plan limitations or exclusions may apply
2: Program does not apply to oral form emergency contraceptives.
3: Any PPI medication is covered without Step Therapy if the member is being treated with PLAVIX® within the last 6 months
4: Subject to plan coverage for specified OTC products
5: Formulary generic statins are covered except for simvastatin 80mg & rosuvastatin 40mg which require prior authorization

★: Plan benefit may restrict use of multiple medications per step therapy category at the same time
OTC: Over-the-counter product coverage is subject to plan allowance. Use of non-formulary OTC products may be required prior to authorization of formulary prescription products.
PA: Prior Authorization may be required in addition to the Step-Therapy program requirements.
APA: Auto-Prior Authorization applies in patients who meet auto-PA criteria
P: Preferred drug status
NP: Non-Preferred drug status