



**Step Therapy Criteria  
Last Updated 10/1/2018**

For information on obtaining an updated coverage determination or an exception to a coverage determination please contact Optimum HealthCare Member Services at 1-866-245-5360 or, for TTY/TDD users 1-800-955-8771. Our hours are October 1 to February 14 from 8:00 am to 8:00 pm 7 days a week and February 15 to September 30 from 8:00 am to 8:00 pm Monday through Friday or visit [www.youoptimumhealthcare.com](http://www.youoptimumhealthcare.com).

For an indexed list of drugs please go to page 14.

# anti-emetics hrm

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## Products Affected

### Step 2:

- PHENADOZ SUPPOSITORY 12.5 MG RECTAL
- *promethazine hcl solution 25 mg/ml injection*
- *promethazine hcl solution 50 mg/ml injection*
- *promethazine hcl suppository 12.5 mg rectal*
- *promethazine hcl suppository 25 mg rectal*
- *promethazine hcl suppository 50 mg rectal*
- *promethazine hcl syrup 6.25 mg/5ml oral*
- *promethazine hcl tablet 12.5 mg oral*
- *promethazine hcl tablet 25 mg oral*
- *promethazine hcl tablet 50 mg oral*
- PROMETHEGAN SUPPOSITORY 25 MG RECTAL
- PROMETHEGAN SUPPOSITORY 50 MG RECTAL
- *trimethobenzamide hcl capsule 300 mg oral*

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY ONE OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Ondansetron, Granisetron. Step 2: Promethazine, Phenadoz, Promethagan, Trimethobenzamide. Criteria only applies for a diagnosis of nausea and vomiting. Criteria does not apply to the diagnosis of motion sickness. Step therapy only applies to members 65 years of age or older
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# anxiolytics hrm

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## Products Affected

### Step 2:

- *meprobamate tablet 200 mg oral*
- *meprobamate tablet 400 mg oral*

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY ONE OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Buspirone. Step 2: Meprobamate Step therapy only applies to members 65 years of age or older
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# atypicals

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## Products Affected

### Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: aripiprazole, aripiprazole disintegrating tab., clozapine, risperidone, olanzapine, paliperidone, quetiapine, quetiapine XR, ziprasidone. Step 2: Fanapt, Invega Sustenna, Invega Trinza , Latuda, Rexulti, Risperdal Consta, Saphris. Step Therapy only applies to new starts only. Enrollees stabilized on medication will not be required to go through step therapy. Step therapy criteria only applies for the diagnosis of schizophrenia.
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# diabetes

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## Products Affected

### Step 2:

- AVANDIA TABLET 2 MG ORAL
- AVANDIA TABLET 4 MG ORAL

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Acarbose, Glimepiride, Glipizide, Glipizide ER, Glipizide XL, Glipizide/Metformin Hcl, Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 70/30, Humulin N, Humulin R, Lantus, Lantus Solostar, Levemir, Levemir Flexpen, Metformin Hcl, Metformin Hcl Er, Nateglinide, Novolog, Novolog Flexpen, Novolog Mix 70/30, Novolin N, Novolin R, Novolin 70/30, Pioglitazone/Metformin, Repaglinide, Toujeo, Tresiba Step 2: Avandia.
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# dpp-4 inhibitors

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## Products Affected

### Step 2:

- JANUMET TABLET 50-1000 MG ORAL
- JANUMET TABLET 50-500 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- JANUVIA TABLET 100 MG ORAL
- JANUVIA TABLET 25 MG ORAL
- JANUVIA TABLET 50 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Glipizide/Metformin HCL, Metformin HCL, Metformin HCL ER, Pioglitazone/Metformin Step 2: Janumet, Januvia, Onglyza, Janumet XR, Kombiglyze
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# glp1 agonist

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## Products Affected

### Step 2:

- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 50 MG SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Acarbose, Glimepiride, Glipizide, Glipizide ER, Glipizide XL, Glipizide/Metformin HCL, Metformin HCL, Metformin HCL ER, Pioglitazone/Metformin, Nateglinide, Repaglinide. Step 2: Tanzeum, Victoza, Byetta
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# non-sedating antihistamines

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## Products Affected

### Step 2:

- CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL
- *desloratadine tablet dispersible 2.5 mg oral*
- *desloratadine tablet dispersible 5 mg oral*

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Allegra OTC, Allegra D OTC, Loratadine OTC, Loratadine D OTC, Cetirizine OTC, Cetirizine D OTC. Step 2: Desloratadine, Clarinex D. Only one drug, cetirizine, is required to be tried for the diagnosis of perennial allergic rhinitis.
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# ppi

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## Products Affected

### Step 2:

- PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 30 MG ORAL

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: lansoprazole, lansoprazole OTC, Priolosec Otc, Nexium OTC, Omeprazole Otc, Omeprazole, Pantoprazole, Rabeprazole, Prevacid OTC, Zegerid OTC. Step 2: Prevacid For the diagnosis of risk reduction of NSAID associated gastric ulcer only lansoprazole is required.
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# renin inhibitors

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## Products Affected

### Step 2:

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

## Details

<b>Criteria</b>	<p>Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS, 1 DRUG FROM EACH CLASS, IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: ACE-Inhibitors (including combinations with HCTZ) - Benazepril Hcl, Benazepril Hctz, Captopril, Captopril /Hctz, Enalapril Maleate, Enalapril Maleate/Hctz, Fosinopril Sodium, Fosinopril sodium/Hctz, Lisinopril, Lisinopril /Hctz, Quinapril Hcl, Quinipril/HCTZ, Trandolapril, Ramipril. ARBs (including combinations with HCTZ) - Olmasartan, Olmasartan/Hct, losartan, losartan/HCT, irbesartan, irbesartan/Hctz, valsartan, valsartan/Hctz. Step 2: Tekturna, Tekturna Hct</p>
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# symlin

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## Products Affected

### Step 2:

- SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS
- SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS

## Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 70/30, Humulin N, Humulin R, Lantus, Levemir, Novolog, Novolog Mix 70/30, Novolin R, Novolin N, Novolin 70/30, Toujeo, Tresiba Step 2: Symlin
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# topical\_immunomodulators

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## Products Affected

### Step 2:

- ELIDEL CREAM 1 % EXTERNAL
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

## Details

<b>Criteria</b>	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Ala-Cort, Alclometasone Dipropionate, Amcinonide, Augmented Betamethasone Dipropionate, Betamethasone, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Clobetasol Propionate Emollient, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluticasone, Halobetasol Propionate, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triamcinolone Acetonide In Absorbase. Step 2: Elidel, Tacrolimus
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