

## Aprepitant Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>• Aprepitant oral capsule</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>• Ondansetron oral tablet</li><li>• Ondansetron ODT oral tablet</li><li>• Ondansetron solution</li><li>• Granisetron tablet</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>1. Prescription claim for <b><u>ONE</u></b> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, continue to #2</li></ol></li><li>2. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drugs is required<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, clinical review required</li></ol></li></ol>

## Budesonide-Formoterol Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>• Breyna inhaler</li><li>• Budesonide-formoterol inhaler</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>• Fluticasone-salmeterol inhaler</li><li>• Wixela (fluticasone propionate/salmeterol xinafoate) inhaler</li><li>• Fluticasone propionate/salmeterol xinafoate (Airduo) inhaler</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>1. Prescription claims for <b><u>ONE</u></b> Step 1 Drug within the past 180 days (Note: 90 days of claims history for Step 1 Drug is required for authorization)<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, continue to #2</li></ol></li><li>2. If no claim history for Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drugs is required<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, clinical review required</li></ol></li></ol>

## Dipeptidyl Peptidase 4 (DPP4) Enzyme Inhibitors Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>• Alogliptin</li><li>• Alogliptin-Metformin</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>• Metformin</li><li>• Metformin ER</li><li>• Glyburide-Metformin</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>1. Prescription claim for <b><u>ONE</u></b> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, continue to #2</li></ol></li><li>2. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drugs is required<ol style="list-style-type: none"><li>a. If yes, approve for 12 months</li><li>b. If no, clinical review required</li></ol></li></ol>

## Endari (l-glutamine) Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>Endari (l-glutamine) Oral Powder</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>Hydroxyurea</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>Prescription claims for <b><u>ONE</u></b> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, continue to #2</li></ol></li><li>If no claim history of the Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drug is required<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, clinical review required</li></ol></li></ol>

## Nicotrol Products Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>Nicotrol Nasal Spray</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>Nicotine Patch</li><li>Nicotine Lozenge</li><li>Nicotine Gum</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>Prescription claims for <b>TWO</b> Step 1 Drugs within the past 180 days (Note: 30 days of claims history for each Step 1 Drug is required for authorization)<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, continue to #2</li></ol></li><li>If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b>TWO</b> Step 1 Drugs is required<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, clinical review required</li></ol></li></ol>

## Pancreatic Enzyme Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>Creon oral capsule</li></ul>
Step Therapy Requirements
<b>Step 1 Drug:</b> <ul style="list-style-type: none"><li>Pancreaze oral capsule</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>Prescription claims for <b><u>ONE</u></b> Step 1 Drug within the past 180 days (Note: 90 days of claims history for Step 1 Drug is required for authorization)<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, continue to #2</li></ol></li><li>If no claim history for Step 1 Drug, then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drug is required<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, clinical review required</li></ol></li></ol>

## Transdermal and Oral Testosterone Step Therapy Guidelines

### Affected Medication(s)

- Testosterone 50 mg/5 gram packet (generic Androgel® 1%)
- Testosterone 50 mg/5 gram tube (generic Vogelxo® 1% or generic Testim® 1%)
- Kyzatrex capsule (testosterone undecionate)

### Step Therapy Requirements

#### Step 1 Drugs

- Testosterone cypionate 100 mg/ml vial
- Testosterone cypionate 200 mg/ml vial
- Testosterone enanthate 200 mg/ml vial

### Step Therapy Criteria

1. Prescription claim for **ONE** Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)
  - a. If yes, approve for 12 months
  - b. If no, continue to #2
2. If no claim history of Step 1 Drug(s), documentation of trial, intolerance or contraindication to **ONE** Step 1 Drug is required
  - a. If yes, approve for 12 months
  - b. If no, clinical review required

## Trelegy Ellipta Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none"><li>Trelegy Ellipta (fluticasone, umeclidinium, vilanterol)</li></ul>
Step Therapy Requirements
<b>Step 1 Drug(s):</b> <ul style="list-style-type: none"><li>Fluticasone-salmeterol</li><li>Budesonide-formoterol</li><li>Stiolto Respimat</li></ul>
Step Therapy Criteria
<ol style="list-style-type: none"><li>Prescription claim for <b><u>ONE</u></b> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, continue to #2</li></ol></li><li>If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <b><u>ONE</u></b> Step 1 Drugs is required<ol style="list-style-type: none"><li>If yes, approve for 12 months</li><li>If no, clinical review required</li></ol></li></ol>