

Aprepitant Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none">• Aprepitant oral capsule
Step Therapy Requirements
Step 1 Drug(s): <ul style="list-style-type: none">• Ondansetron oral tablet• Ondansetron ODT oral tablet• Ondansetron solution• Granisetron tablet
Step Therapy Criteria
<ol style="list-style-type: none">1. Prescription claim for <u>ONE</u> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none">a. If yes, approve for 12 monthsb. If no, continue to #22. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <u>ONE</u> Step 1 Drugs is required<ol style="list-style-type: none">a. If yes, approve for 12 monthsb. If no, clinical review required

Budesonide-Formoterol Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none">• Breyna inhaler• Budesonide-formoterol inhaler
Step Therapy Requirements
Step 1 Drug(s): <ul style="list-style-type: none">• Fluticasone-salmeterol inhaler• Wixela (fluticasone propionate/salmeterol xinafoate) inhaler• Fluticasone propionate/salmeterol xinafoate (Airduo) inhaler
Step Therapy Criteria
<ol style="list-style-type: none">1. Prescription claims for <u>ONE</u> 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">a. If yes, approve for 12 monthsb. If no, continue to #22. If no claim history for Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <u>ONE</u> Step 1 Drugs is required<ol style="list-style-type: none">a. If yes, approve for 12 monthsb. If no, clinical review required

Dipeptidyl Peptidase 4 (DPP4) Enzyme Inhibitors Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none">• Alogliptin• Alogliptin-Metformin
Step Therapy Requirements
Step 1 Drug(s): <ul style="list-style-type: none">• Metformin• Metformin ER• Glyburide-Metformin
Step Therapy Criteria
<ol style="list-style-type: none">1. Prescription claim for <u>ONE</u> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)<ol style="list-style-type: none">a. If yes, approve for 12 monthsb. If no, continue to #22. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <u>ONE</u> Step 1 Drugs is required<ol style="list-style-type: none">a. If yes, approve for 12 monthsb. If no, clinical review required

L-glutamine (Endari) Step Therapy Guidelines

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

Nicotrol Products Step Therapy Guidelines

Affected Medication(s)
<ul style="list-style-type: none">Nicotrol Nasal Spray
Step Therapy Requirements
Step 1 Drug(s): <ul style="list-style-type: none">Nicotine PatchNicotine LozengeNicotine Gum
Step Therapy Criteria
<ol style="list-style-type: none">Prescription claims for TWO 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">If yes, approve for 12 monthsIf no, continue to #2If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to TWO Step 1 Drugs is required<ol style="list-style-type: none">If yes, approve for 12 monthsIf no, clinical review required

Pancreatic Enzyme Step Therapy Guidelines

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

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