



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ABSORICA	SKIN CONDITIONS	ACCUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN CAPSULES (EXCEPT TEVA & SUN PHARMACEUTICALS), MYORISAN, ZENATANE
ABSORICA LD	SKIN CONDITIONS	ACCUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN CAPSULES (EXCEPT TEVA & SUN PHARMACEUTICALS), MYORISAN, ZENATANE
ACANYA	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ACIPHEX	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ACIPHEX SPRINKLE	ULCER	
ACTICLATE 75 MG/150 MG TABS (BRAND & GENERIC)	ANTI-INFECTIVE	DEMECLOXYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
ACTONEL	BONE CONDITIONS	<b>STEP 1:</b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b>STEP 2:</b> ATELVIA
ACTONEL	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
ACTOPLUS MET	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ACTOPLUS MET XR	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ACTOS	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ACULAR	EYE CONDITIONS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
ACULAR LS	EYE CONDITIONS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION



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ACUVAIL	EYE CONDITIONS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
ACZONE	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADALAT CC	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
ADAPALENE 0.1% LOTION	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADAPALENE SWABS (GENERIC)	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADCIRCA	PULMONARY HYPERTENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
ADDERALL XR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
ADHANSIA XR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)



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ADZENYS ER	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
ADZENYS XR ODT	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
AKLIEF	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ALA-SCALP HP	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
ALCORTIN A	SKIN CONDITIONS	<b><u>RULE 1:</u></b> TOPICAL STEROID+MUPIROCIN
ALKINDI	INFLAMMATORY CONDITIONS	<b><u>RULE 25:</u></b> HYDROCORTISONE TABLETS
ALLZITAL	PAIN	<b><u>RULE 6:</u></b> GENERIC PRODUCT WITH BUTALBITAL
ALOCRIIL	EYE CONDITIONS	CROMOLYN SODIUM OPHTHALMIC SOLUTION
ALOGLIPTIN	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ALOGLIPTIN/METFORMIN	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ALOGLIPTIN/PIOGLITAZONE	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
ALOMIDE	EYE CONDITIONS	CROMOLYN SODIUM OPHTHALMIC SOLUTION



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ALREX	EYE CONDITIONS	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
ALSUMA INJECTION	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ALTABAX	ANTI-INFECTIVE	MUPIROCIIN OINTMENT
ALTOPREV	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
AMBIEN	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
AMBIEN CR	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
AMCINONIDE 0.1% CREAM/LOTION/OINTMENT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



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AMERGE	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
AMPYRA	MULTIPLE SCLEROSIS	DALFAMPRIDINE
AMRIX ER	MUSCLE RELAXANT	<b>RULE 3:</b> GENERIC CYCLOBENZAPRINE
AMZEEQ	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ANALPRAM HC 2.5%/1% CREAM/LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



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ANAPROX DS	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
ANDROID	HORMONAL SUPPLEMENTATION	<b><u>RULE 4:</u></b> GENERIC OR METHITEST
ANTARA	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
ANTARA	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
ANTIVERT 50 MG TABLET	NAUSEA/VOMITING	<b><u>RULE 27:</u></b> MECLIZINE 25 MG TABLETS
ANUSOL-HC	INFLAMMATORY CONDITIONS	GENERIC HYDROCORTISONE ACETATE SUPPOSITORY (25 MG OR 30 MG), ANUCORT-HC (25 MG), GRX HICORT (25 MG), HEMMOREX-HC (25 MG OR 30 MG), RECTACORT-HC (25 MG)
APLENZIN	DEPRESSION	BUPROPION SR, BUPROPION ER
APTENSIO XR (BRAND & GENERIC)	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
AQUA GLYCOLIC HC	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
ARANESP	BLOOD DISORDERS	PROCRIT, RETACRIT
ARBINOXA 4 MG TABLET	ALLERGIES	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
ARBINOXA 4 MG/5 ML LIQUID	ALLERGIES	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
ARCALYST	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	ILARIS
ARICEPT 10 MG TABLET	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
ARICEPT 23 MG TABLET (BRAND OR GENERIC)	MENTAL/NEUROLOGICAL DISORDERS	ARICEPT 10 MG TABLETS (BRAND OR GENERIC), ARICEPT ODT 10 MG (BRAND OR GENERIC)



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ARICEPT 5 MG TABLET	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
ARICEPT ODT	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
ARTHROTEC	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
ASTAGRAF XL	TRANSPLANT	<b><u>RULE 5:</u></b> GENERIC TACROLIMUS
ATACAND	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
ATACAND HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
ATELVIA	BONE CONDITIONS	<b><u>STEP 1:</u></b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b><u>STEP 2:</u></b> ATELVIA
ATELVIA	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
AUBAGIO	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
AUSTEDO	MENTAL/NEUROLOGICAL DISORDERS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
AUVI-Q	ALLERGIES	MYLAN AUTHORIZED GENERICS: EPINEPHRINE 0.15 MG AUTO-INJECTOR, EPINEPHRINE 0.3 MG AUTO-INJECTOR
AVALIDE	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
AVANDAMET	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
AVANDIA	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
AVAPRO	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
AVAR	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
AVAR LS	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
AVAR-E CREAM	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
AVAR-E LS CREAM	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
AVASTIN	ONCOLOGY	ZIRABEV



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
AVIDOXY DK KIT (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
AVODART	BPH	FINASTERIDE 5 MG
AVSOLA	INFLAMMATORY CONDITIONS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
AXERT	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
AZELASTINE HYDROCHLORIDE/FLUTICASONE PROPIONATE NASAL SPRAY	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
AZELEX	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
AZILECT	MENTAL/NEUROLOGICAL DISORDERS	RASAGILINE, SELEGILINE
AZOR	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
AZSTARYS	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
BAFIERTAM	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BECONASE AQ	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
BELSOMRA	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
BENICAR	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
BENICAR HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
BENZACLIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BENZAMYCIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BENZAMYCIN PAK	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BEPREVE	EYE CONDITIONS	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
BERINERT	HEREDITARY ANGIOEDEMA	RUCONEST



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BESER 0.05% LOTION (BRANDED GENERIC PRODUCT)	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BETAMETHASON VALERATE 0.12% FOAM	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
BETAPACE	HIGH BLOOD PRESSURE	GENERIC SOTALOL
BETAPACE AF	HIGH BLOOD PRESSURE	GENERIC SOTALOL
BETHKIS	ANTI-INFECTIVE - SPECIALTY	TOBRAMYCIN INHALATION SOLUTION, TOBI PODHALER
BINOSTO	BONE CONDITIONS	<b><u>STEP 1:</u></b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b><u>STEP 2:</u></b> ATELVIA
BINOSTO	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
BONIVA	BONE CONDITIONS	<b><u>STEP 1:</u></b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b><u>STEP 2:</u></b> ATELVIA
BONIVA	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
BP 10-1 WASH	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BP CLEANSING WASH	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
BRAND ORAL CONTRACEPTIVES	CONTRACEPTIVES & NON-PREGNANCY RELATED CONDITIONS	GENERIC ORAL CONTRACEPTIVES, TRANSDERMAL XULANE, TRANSDERMAL ZAFEMY, ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING, ELURYNG VAGINAL RING
BRAND TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
BRAVELLE	INFERTILITY	<b>STEP 1:</b> CLOMIPHENE CITRATE <b>STEP 2:</b> GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
BREXAFEMME	ANTI-FUNGAL	FLUCONAZOLE 150 MG TABLETS, MICONAZOLE VAGINAL SUPPOSITORY (OTC; KITS THAT INCLUDE MICONAZOLE VAGINAL SUPPOSITORY ALSO INCLUDED), TERCONAZOLE VAGINAL CREAM, TERCONAZOLE VAGINAL SUPPOSITORY
BRISDELLE	DEPRESSION	<b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
BRIVIACT	MENTAL/NEUROLOGICAL DISORDERS	GENERIC CARBAMAZEPINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ER CAPSULES, ORAL SUSPENSION), GENERIC DIVALPROEX (DR CAPSULES, DR TABLETS, ER TABLETS), GENERIC ETHOSUXAMIDE (CAPSULES, ORAL SOLUTION), GENERIC FELBAMATE (TABLETS, ORAL SOLUTION), GENERIC GABAPENTIN (CAPSULES, TABLETS, ORAL SOLUTION), GENERIC LAMOTRIGINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ODT TABLETS), GENERIC LEVETIRACETAM (TABLETS, ER TABLETS, ORAL SOLUTION), GENERIC OXCARBAZEPINE (TABLETS, ORAL SUSPENSION), GENERIC PHENYTOIN (ER CAPSULES, CHEWABLE TABLETS, ORAL SUSPENSION), GENERIC PREGABALIN (CAPSULES, ORAL SOLUTION), GENERIC RUFINAMIDE ORAL SUSPENSION, GENERIC TIAGABINE TABLETS, GENERIC TOPIRAMATE (CAPSULES, ER CAPSULES, TABLETS), GENERIC VALPROIC ACID (CAPSULES, DR CAPSULES, ORAL SOLUTION), GENERIC VIGABATRIN (TABLETS, POWDER FOR ORAL SOLUTION), GENERIC ZONISAMIDE CAPSULES, ROWEEPRA, ROWEEPRA XR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BROMSITE	EYE CONDITIONS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
BRYHALI 0.01% LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
BUPAP	PAIN	<b><u>RULE 6:</u></b> GENERIC PRODUCT WITH BUTALBITAL
BYNFEZIA PEN	ENDOCRINE DISORDERS	OCTREOTIDE ACETATE IMMEDIATE-RELEASE INJECTION





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
BYSTOLIC	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
BYVALSON	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
CADUET	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
CALAN	HIGH BLOOD PRESSURE	VERAPAMIL EXTENDED-RELEASE CAPSULES, VERAPAMIL IMMEDIATE-RELEASE TABLETS, VERAPAMIL SUSTAINED-RELEASE TABLETS, VERAPAMIL EXTENDED-RELEASE PM CAPSULES
CALAN SR	HIGH BLOOD PRESSURE	VERAPAMIL EXTENDED-RELEASE CAPSULES, VERAPAMIL IMMEDIATE-RELEASE TABLETS, VERAPAMIL SUSTAINED-RELEASE TABLETS, VERAPAMIL EXTENDED-RELEASE PM CAPSULES
CALCIPOTRIENE FOAM (AUTHORIZED GENERIC)	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINTMENT	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
CAMBIA	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CAPEX 0.01% TOPICAL SHAMPOO	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
CARBINOXAMINE MALEATE 6 MG TABLET	ALLERGIES	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
CARDURA	BPH	ALFUZOSIN ER, DOXAZOSIN, TAMSULOSIN, TERAZOSIN
CARDURA XL	BPH	ALFUZOSIN ER, DOXAZOSIN, TAMSULOSIN, TERAZOSIN
CAROSPIR	HIGH BLOOD PRESSURE	<b>RULE 22:</b> SPIRONOLACTONE



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CATAFLAM	PAIN	<p><b><u>GENERIC NSAIDS (MUST USE TWO)</u></b>            DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>
CELEBREX	PAIN	<p><b><u>STEP 1: RX OR OTC ORAL NSAIDS (MUST TRY 2)</u></b>            DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR AND ER), DICLOFENAC SODIUM/MISOPROSTOL, ETODOLAC (IR AND ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR AND ER), KETOPROFEN (IR) 50 MG &amp; 75 MG, KETOROLAC TABLETS, MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN</p> <p><b><u>STEP 2:</u></b> CELECOXIB</p>
CELECOXIB	PAIN	<p><b><u>RX OR OTC ORAL NSAIDS (MUST TRY 2)</u></b>            DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR AND ER), DICLOFENAC SODIUM/MISOPROSTOL, ETODOLAC (IR AND ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR AND ER), KETOPROFEN (IR) 50 MG &amp; 75 MG, KETOROLAC TABLETS, MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN</p>
CELEXA	DEPRESSION	<p><b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b>            CITALOPRAM TABLETS &amp; ORAL SOLUTION, ESCITALOPRAM TABLETS &amp; ORAL SOLUTION, FLUOXETINE IR CAPSULES &amp; ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS &amp; ORAL SUSPENSION, SERTRALINE TABLETS &amp; ORAL SOLUTION</p>
CENTANY	ANTI-INFECTIVE	MUPIROCI OINTMENT
CHORIONIC GONADOTROPIN	INFERTILITY	NOVAREL, OVIDREL
CICLODAN 8% KIT	ANTI-FUNGAL	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
CINQAIR	ASTHMA - SPECIALTY	FASENRA, NUCALA
CINRYZE	HEREDITARY ANGIOEDEMA	<p><b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLEOCIN T GEL/LOTION/SOLUTION	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
CLINDACIN ETZ 1% KIT	SKIN CONDITIONS	ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE PRODUCT <b>AND</b> ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE CLEANSER
CLINDACIN PAC	SKIN CONDITIONS	ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE PRODUCT <b>AND</b> ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE CLEANSER
CLINDAGEL	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
CLOBETASOL EMOLLIENT 0.05% FOAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLOBETASOL EMULSION 0.05% FOAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLOBETASOL PROPIONATE 0.05% FOAM/SHAMPOO/SPRAY/LOTION	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLOBEX 0.05% SHAMPOO/SPRAY/TOPICAL LOTION	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLODAN 0.05% KIT	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLODAN 0.05% SHAMPOO	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CLODERM 0.1% CREAM	SKIN CONDITIONS	<b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
COLCHICINE CAPSULES	GOUT	COLCHICINE TABLETS, MITIGARE
COLCRYS	GOUT	COLCHICINE TABLETS, MITIGARE
COLESTID	HIGH BLOOD CHOLESTEROL	CHOLESTYRAMINE, COLESTIPOL, PREVALITE
CONCERTA	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
CONDYLOX 0.5% GEL	ANTI-INFECTIVE	PODOFILOX 0.5% SOLUTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CONJUPRI	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
CONZIP	PAIN	TRAMADOL, TRAMADOL ER, TRAMADOL/ACETAMINOPHEN
CORDRAN 0.05% LOTION/OINTMENT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CORDRAN 4 MCG/SQ CM TAPE	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CORDRAN SP 0.05% CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
COREG	HIGH BLOOD PRESSURE	<p>GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)</p>

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
COREG CR	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
COREMINO ER TABLETS (GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
CORGARD	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
CORZIDE	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
COSENTYX	INFLAMMATORY CONDITIONS	<b>ANKYLOSING SPONDYLITIS:</b> ENBREL, HUMIRA, TALTZ (TRY 2) <b>PSORIATIC ARTHRITIS:</b> ENBREL, HUMIRA, OTEZLA, STELARA SC, TALTZ, TREMFYA, XELJANZ/XR TABLETS (TRY 3 FROM ≥ 2 DIFFERENT DRUG CLASSES) <b>NON-RADIOGRAPHIC ANKYLOSING SPONDYLITIS:</b> CIMZIA, TALTZ (TRY 2) <b>PSORIASIS:</b> ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA (TRY 4 FROM ≥ 3 DIFFERENT DRUG CLASSES)



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
COTEMPLA XR ODT	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
COZAAR	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
CRESTOR	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
CUPRIMINE	WILSON'S DISEASE	<b>STEP 1:</b> GALZIN (WITH EXCEPTIONS) <b>STEP 2:</b> DEPEN



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
CUTIVATE 0.05% LOTION/CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
CYMBALTA	DEPRESSION	<p><b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b></p> <p><b>SSRI:</b> CITALOPRAM TABLETS &amp; ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS &amp; ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS &amp; ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR &amp; ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS &amp; ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD</p> <p><b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DAYPRO	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
DAYTRANA	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
DAYVIGO	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
DEMSEER	PHEOCHROMOCYTOMA	<b><u>STEP 1:</u></b> ALPHA BLOCKERS (DOXAZOSIN, PRAZOSIN, TERAZOSIN) <b><u>STEP 2:</u></b> DIBENZYLIN
DEPAKENE CAPSULES & ORAL SOLUTION	MENTAL/NEUROLOGICAL DISORDERS	DIVALPROEX SODIUM DELAYED-RELEASE TABLETS, DIVALPROEX SODIUM EXTENDED-RELEASE TABLETS, DIVALPROEX SODIUM CAPSULES, VALPROIC ACID CAPSULES & ORAL SOLUTION
DEPAKOTE	MENTAL/NEUROLOGICAL DISORDERS	DIVALPROEX SODIUM DELAYED-RELEASE TABLETS, DIVALPROEX SODIUM EXTENDED-RELEASE TABLETS, DIVALPROEX SODIUM CAPSULES, VALPROIC ACID CAPSULES & ORAL SOLUTION
DEPAKOTE ER/EC/DR	MENTAL/NEUROLOGICAL DISORDERS	DIVALPROEX SODIUM DELAYED-RELEASE TABLETS, DIVALPROEX SODIUM EXTENDED-RELEASE TABLETS, DIVALPROEX SODIUM CAPSULES, VALPROIC ACID CAPSULES & ORAL SOLUTION
DEPAKOTE SPRINKLE	MENTAL/NEUROLOGICAL DISORDERS	DIVALPROEX SODIUM DELAYED-RELEASE TABLETS, DIVALPROEX SODIUM EXTENDED-RELEASE TABLETS, DIVALPROEX SODIUM CAPSULES, VALPROIC ACID CAPSULES & ORAL SOLUTION
DEPEN	WILSON'S DISEASE	<b><u>STEP 1:</u></b> GALZIN (WITH EXCEPTIONS) <b><u>STEP 2:</u></b> DEPEN

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DERMA-SMOOTHIE/FS SCALP OIL	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DERMASORB HC	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DERMASORB TA	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DERMATOP 0.1% OINTMENT/CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DESONATE 0.05% GEL	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DESONIDE 0.05% GEL/LOTION	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DESOWEN 0.05% CREAM KIT/LOTION KIT	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DESOXIMETASONE 0.05% CREAM/GEL/OINTMENT	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
<p>DESOXIMETASONE 0.25% CREAM/OINTMENT</p>	<p>SKIN CONDITIONS</p>	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b>            ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
<p>DESVENLAFAXINE ER (BRAND)</p>	<p>DEPRESSION</p>	<p><b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b>  <b>SSRI:</b> CITALOPRAM TABLETS &amp; ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS &amp; ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS &amp; ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR &amp; ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS &amp; ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD  <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DESVENLAFAXINE FUMARATE ER (BRAND)	DEPRESSION	<b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
DESVENLAFAXINE SUCCINATE ER (GENERIC)	DEPRESSION	<b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
DETROL	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
DETROL	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
DETROL LA	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
DETROL LA	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
DEXAMETHASONE 1.5 MG TABLET (6 DAY/10 DAY/13 DAY DOSE PACKS)	INFLAMMATORY CONDITIONS	<b><u>RULE 19:</u></b> GENERIC DEXAMETHASON TABLETS



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DEXEDRINE SPANSULES	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
DEXILANT	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
DEXPAK 6 DAY/10 DAY/13 DAY	INFLAMMATORY CONDITIONS	<b>RULE 19:</b> GENERIC DEXAMETHASON TABLETS
DIBENZYLINE	PHEOCHROMOCYTOMA	<b>STEP 1:</b> ALPHA BLOCKERS (DOXAZOSIN, PRAZOSIN, TERAZOSIN) <b>STEP 2:</b> DIBENZYLINE
DICLOFENAC EPOLAMINE 1.3% PATCH	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
DICLOFENAC SODIUM 1% GEL	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
DIFFERIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DIFLORASONE DIACETATE 0.05% CREAM/OINTMENT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
DIOVAN	HIGH BLOOD PRESSURE	<p>CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DIOVAN HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
DIPROLENE 0.05% OINTMENT/LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DIPROLENE AF 0.05% CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
DITROPAN XL	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
DITROPAN XL	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
DORYX DR 50 MG/80 MG/200 MG TABS (BRAND & GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS

## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DORYX MPC 120 MG TAB (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOVONEX	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
DOXEPIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)
DOXEPIN 3 MG & 6 MG	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
DOXYCYCLINE HYCLATE DR 75 MG/100 MG/150 MG TABS (GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOXYCYCLINE IR-ER 40 MG CAPSULE (AUTHORIZED GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DUAC	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
DUETACT	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DUEXIS	PAIN	<p><b><u>MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC):</u></b>            PRESCRIPTION ORAL IBUPROFEN  <b>AND</b>            PRESCRIPTION ORAL CIMETIDINE, FAMOTIDINE, NIZATIDINE, RANITIDINE</p>
DULOXETINE 40 MG DR (GENERIC)	DEPRESSION	<p><b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b>  <b>SSRI:</b> CITALOPRAM TABLETS &amp; ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS &amp; ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS &amp; ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR &amp; ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS &amp; ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD  <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DUOBRII LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF ONE PRESCRIPTION GENERIC TOPICAL CORTICOSTEROID - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
DUREZOL (BRAND & GENERIC)	EYE CONDITIONS	<p><b><u>MUST TRY 2:</u></b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPIREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%</p>
DURLAZA	BLOOD MODIFYING	<b><u>RULE 7:</u></b> TWO OTHER ASPIRIN PRODUCTS
DUTASTERIDE	BPH	FINASTERIDE 5 MG
DUTASTERIDE/TAMSULOSIN	BPH	FINASTERIDE 5 MG

## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
DUTOPROL	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
DYANAVAL XR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
DYMISTA	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
EC-NAPROSYN	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
EDARBI	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EDARBYCLOR	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
EDLUAR	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
EFFEXOR	DEPRESSION	<b>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
EFFEXOR XR	DEPRESSION	<b>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
ELDEPRYL	MENTAL/NEUROLOGICAL DISORDERS	RASAGILINE, SELEGILINE
ELELYSO	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	CEREZYME
ELIDEL	SKIN CONDITIONS	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC): FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ELOCON 0.1% OINTMENT/CREA/SOLUTION	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
ENABLEX	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
ENABLEX	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
ENHERTU	ONCOLOGY	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ENVARUSUS XR	TRANSPLANT	<b>RULE 5:</b> GENERIC TACROLIMUS
EPANED	HIGH BLOOD PRESSURE	<b>RULE 24:</b> GENERIC ENALAPRIL TABLETS



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
EPCLUSA	HEPATITIS C	<b>GENOTYPE 1 &amp; 4:</b> LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER <b>GENOTYPE 2 &amp; 3:</b> SOFOSBUVIR/VELPATASVIR, VOSEVI <b>GENOTYPE 5 &amp; 6:</b> LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI
EPIDUO	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EPIDUO FORTE	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EPIFOAM	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
EPIPEN	ALLERGIES	MYLAN AUTHORIZED GENERICS: EPINEPHRINE 0.15 MG AUTO-INJECTOR, EPINEPHRINE 0.3 MG AUTO-INJECTOR
EPIPEN JR.	ALLERGIES	MYLAN AUTHORIZED GENERICS: EPINEPHRINE 0.15 MG AUTO-INJECTOR, EPINEPHRINE 0.3 MG AUTO-INJECTOR
EPOGEN	BLOOD DISORDERS	PROCRIT, RETACRIT
ESGIC	PAIN	<b>RULE 6:</b> GENERIC PRODUCT WITH BUTALBITAL
ESOMEPRAZOLE DELAYED-RELEASE GRANULES FOR ORAL SUSPENSION	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ESOMEPRAZOLE STRONTIUM DELAYED-RELEASE CAPSULES	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
EUCRISA	SKIN CONDITIONS	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC): FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
EVOCLIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EVZIO	PAIN - NARCOTIC	NALOXONE 0.4 MG/ML VIAL, NALOXONE 0.4 MG/ML SYRINGE, NALOXONE 2 MG/2 ML SYRINGE
EXELON PATCH	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
EXELON TABLET	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
EXFORGE	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EXFORGE HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EXJADE	CHELATING AGENTS	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
EXTAVIA	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
EZALLOR	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
FARXIGA	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
FEBUXOSTAT TABLETS	GOUT	ALLOPURINOL TABLETS, ZYLOPRIM TABLETS
FELDENE	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FENOFIBRATE 120 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE 120 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 150 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 150 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE 40 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE 40 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 50 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 50 MG	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE CAPSULES (BRAND)	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE CAPSULES (BRAND)	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOGLIDE	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)

## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FENOGLIDE	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOPROFEN (BRAND) & 600 MG	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
FENORTHO	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
FERRIPROX (TABLETS & ORAL SOLUTION)	CHELATING AGENTS	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
FETZIMA	DEPRESSION	<b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
FEXMID	MUSCLE RELAXANT	<b><u>RULE 3:</u></b> GENERIC CYCLOBENZAPRINE
FIBRICOR	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FIBRICOR	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FINACEA FOAM	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
FINACEA GEL	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
FIORICET	PAIN	<b>RULE 6:</b> GENERIC PRODUCT WITH BUTALBITAL
FIORINAL	PAIN	<b>RULE 6:</b> GENERIC PRODUCT WITH BUTALBITAL
FIRAZYR	HEREDITARY ANGIOEDEMA	ICATIBANT
FIRDAPSE	MENTAL/NEUROLOGICAL DISORDERS	RUZURGI
FIRMAGON	ONCOLOGY	ELIGARD
FLAREX	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FLECTOR PATCH	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
FLOLAN	PULMONARY HYPERTENSION	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
FLOLIPID	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
FLOMAX	BPH	ALFUZOSIN ER, DOXAZOSIN, TAMSULOSIN, TERAZOSIN
FLOWTUSS	COUGH AND COLD	<b>RULE 8:</b> GENERIC COUGH/COLD LIQUID
FLUNISOLIDE NASAL SPRAY	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FLUOCINONIDE 0.1% CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
FLUOXETINE 60MG TABLETS (BRAND)	DEPRESSION	<p><b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b></p> <p>CITALOPRAM TABLETS &amp; ORAL SOLUTION, ESCITALOPRAM TABLETS &amp; ORAL SOLUTION, FLUOXETINE IR CAPSULES &amp; ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS &amp; ORAL SUSPENSION, SERTRALINE TABLETS &amp; ORAL SOLUTION</p>
FLUOXETINE IR TABLETS (GENERIC)	DEPRESSION	<p><b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b></p> <p>CITALOPRAM TABLETS &amp; ORAL SOLUTION, ESCITALOPRAM TABLETS &amp; ORAL SOLUTION, FLUOXETINE IR CAPSULES &amp; ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS &amp; ORAL SUSPENSION, SERTRALINE TABLETS &amp; ORAL SOLUTION</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FLURANDRENOLIDE 0.05% CREAM/LOTION/OINTMENT	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FLUTICASONE PROPIONATE 0.05% LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
FLUVOXAMINE ER CAPSULES (GENERIC)	DEPRESSION	<p><b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b></p> <p>CITALOPRAM TABLETS &amp; ORAL SOLUTION, ESCITALOPRAM TABLETS &amp; ORAL SOLUTION, FLUOXETINE IR CAPSULES &amp; ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS &amp; ORAL SUSPENSION, SERTRALINE TABLETS &amp; ORAL SOLUTION</p>
FML FORTE	EYE CONDITIONS	<p><b><u>MUST TRY 2:</u></b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
FML LIQUIFILM	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FML SOP	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FOCALIN XR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
FOLLISTIM AQ	INFERTILITY	<b>STEP 1:</b> CLOMIPHENE CITRATE <b>STEP 2:</b> GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORFIVO XL	DEPRESSION	BUPROPION SR, BUPROPION ER
FORTAMET (BRAND AND GENERIC)	DIABETES	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)
FOSAMAX PLUS D	BONE CONDITIONS	<b>STEP 1:</b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b>STEP 2:</b> ATELVIA
FOSAMAX PLUS D	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
FOSAMAX TABLETS	BONE CONDITIONS	ALENDRONATE, IBANDRONATE, RISEDRONATE
FOSAMAX TABLETS	BONE CONDITIONS	<b>STEP 1:</b> ALENDRONATE, IBANDRONATE, RISEDRONATE <b>STEP 2:</b> ATELVIA
FROVA	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
GANIRELIX	INFERTILITY	CETROTIDE
GELNIQUE	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
GENOTROPIN	GROWTH HORMONES	OMNITROPE
GILENYA	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
GLATOPA	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
GLEEVEC	ONCOLOGY	GENERIC IMATINIB TABLETS
GLUCOPHAGE	DIABETES	METFORMIN IR TABLETS
GLUCOPHAGE XR (BRAND)	DIABETES	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)
GLUMETZA (BRAND AND GENERIC)	DIABETES	<b>STEP 1:</b> METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY) <b>STEP 2:</b> GLUCOPHAGE XR (BRAND), FORTAMET (BRAND AND GENERIC), RIOMET ER
GLYXAMBI	DIABETES	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
GONAL-F	INFERTILITY	CLOMIPHENE CITRATE
GONAL-F RFF	INFERTILITY	CLOMIPHENE CITRATE
GONAL-F RFF REDI-JECT	INFERTILITY	CLOMIPHENE CITRATE
GRALISE	MENTAL/NEUROLOGICAL DISORDERS	GABAPENTIN CAPSULES, TABLETS, & ORAL SOLUTION
GRANIX	BLOOD DISORDERS	NIVESTYM, ZARXIO
HAEGARDA	HEREDITARY ANGIOEDEMA	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
HALCINONIDE 0.1% CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
HALOG 0.1% CREAM/OINTMENT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
HARVONI	HEPATITIS C	<p><b><u>GENOTYPE 1 &amp; 4:</u></b> LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER</p> <p><b><u>GENOTYPE 5 &amp; 6:</u></b> LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI</p>
HECTOROL CAPSULES	VITAMIN D DEFICIENCY	CALCITRIOL CAPSULES, CALCITRIOL ORAL SOLUTION
HEMADY	INFLAMMATORY CONDITIONS	<b><u>RULE 26:</u></b> DEXAMETHASONE TABLETS
HERCEPTIN	ONCOLOGY	KANJINTI, TRAZIMERA
HERCEPTIN HYLECTA	ONCOLOGY	KANJINTI, TRAZIMERA
HERZUMA	ONCOLOGY	KANJINTI, TRAZIMERA
HORIZANT	MENTAL/NEUROLOGICAL DISORDERS	GABAPENTIN CAPSULES, TABLETS, & ORAL SOLUTION
HUMATROPE	GROWTH HORMONES	OMNITROPE
HUMATROPE	GROWTH HORMONES	GENOTROPIN, NORDITROPIN



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
HYCOFENIX	COUGH AND COLD	<b>RULE 8:</b> GENERIC COUGH/COLD LIQUID
HYDROCORTISONE BUTYRATE 0.1% LOTION/OINTMENT/SOLUTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
HYZAAR	HIGH BLOOD PRESSURE	<p>CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE</p>
IBUPROFEN/FAMOTIDINE TABLETS	PAIN	<p><b><u>MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC):</u></b></p> <p>PRESCRIPTION ORAL IBUPROFEN</p> <p><b><u>AND</u></b></p> <p>PRESCRIPTION ORAL CIMETIDINE, FAMOTIDINE, NIZATIDINE, RANITIDINE</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ILUMYA	INFLAMMATORY CONDITIONS	<b>PSORIASIS:</b> ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA (TRY 2)
IMBRUVICA 140 MG & 280 MG TABLETS	ONCOLOGY	IMBRUVICA 140 MG CAPSULES
IMITREX INJECTION	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
IMITREX NASAL SPRAY	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
IMITREX TABLETS	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
IMPEKLO LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
IMPOYZ 0.025% CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
INDERAL LA	HIGH BLOOD PRESSURE	<p>GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
INDERAL XL	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
INDOCIN	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
INGREZZA	MENTAL/NEUROLOGICAL DISORDERS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
INNOPRAN XL	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
INOVA 4/1 EASY PAD	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INOVA 8/2 EASY PAD	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INOVA EASY PAD	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INTERMEZZO	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
INTUNIV	ATTENTION DISORDERS	<p><b>BRAND AND GENERIC STIMULANT MEDICATIONS</b>            FOR EXAMPLE: ADDERALL, ADDERALL XR, ADZENYS XR ODT, APTENSIO XR, ATOMOXETINE, CONCERTA, DAYTRANA, DESOXYN, DEXEDRINE, DEXEDRINE SPANSULES, DEXTROAMPHETAMINE, DEXTROAMPHETAMINE SR, DEXMETHYLPHENIDATE IR, DYNAVEL XR, FOCALIN, FOCALIN XR, METADATE CD, METADATE ER, METHAMPHETAMINE, METHYLIN, METHYLIN ER, METHYLPHENIDATE ER, METHYLPHENIDATE IMMEDIATE RELEASE, MIXED AMPHETAMINE SALTS IR, QUILLICHEW ER, RITALIN LA, RITALIN SR, VYVANSE</p>
INVELTYS	EYE CONDITIONS	<p><b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%</p>
INVOKAMET	DIABETES	<p><b>STEP 1:</b> METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR</p> <p><b>STEP 2:</b> FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR</p>
INVOKAMET XR	DIABETES	<p><b>STEP 1:</b> METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR</p> <p><b>STEP 2:</b> FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR</p>





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
INVOKANA	DIABETES	<p><b>STEP 1:</b> METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR</p> <p><b>STEP 2:</b> FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR</p>
IRENKA	DEPRESSION	<p><b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b></p> <p><b>SSRI:</b> CITALOPRAM TABLETS &amp; ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS &amp; ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS &amp; ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR &amp; ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS &amp; ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD</p> <p><b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES</p>
ISOTRETINOIN (TEVA & SUN PHARMACEUTICALS ONLY)	SKIN CONDITIONS	ACCUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN CAPSULES (EXCEPT TEVA & SUN PHARMACEUTICALS), MYORISAN, ZENATANE
JADENU	CHELATING AGENTS	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
JADENU SPRINKLE	CHELATING AGENTS	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
JALYN	BPH	FINASTERIDE 5 MG
JANUMET	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
JANUMET XR	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
JANUVIA	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
JARDIANCE	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
JENTADUETO	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
JENTADUETO XR	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
JORNAY PM	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
JUBLIA	ANTI-FUNGAL	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
KADCYLA	ONCOLOGY	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KALBITOR	HEREDITARY ANGIOEDEMA	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KAPSPARGO SPRINKLE	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
KAPVAY	ATTENTION DISORDERS	<b><u>BRAND AND GENERIC STIMULANT MEDICATIONS</u></b> FOR EXAMPLE: ADDERALL, ADDERALL XR, ADZENYS XR ODT, APTENSIO XR, ATOMOXETINE, CONCERTA, DAYTRANA, DESOXYN, DEXEDRINE, DEXEDRINE SPANSULES, DEXTROAMPHETAMINE, DEXTROAMPHETAMINE SR, DEXMETHYLPHENIDATE IR, DYNAVEL XR, FOCALIN, FOCALIN XR, METADATE CD, METADATE ER, METHAMPHETAMINE, METHYLIN, METHYLIN ER, METHYLPHENIDATE ER, METHYLPHENIDATE IMMEDIATE RELEASE, MIXED AMPHETAMINE SALTS IR, QUILLICHEW ER, RITALIN LA, RITALIN SR, VYVANSE



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
KARBINAL ER 4 MG/5 ML SUSPENSION	ALLERGIES	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
KATERZIA	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
KAZANO	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
KENALOG AEROSOL SPRAY	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
KEPPRA	MENTAL/NEUROLOGICAL DISORDERS	GENERIC CARBAMAZEPINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ER CAPSULES, ORAL SUSPENSION), GENERIC DIVALPROEX (DR CAPSULES, DR TABLETS, ER TABLETS), GENERIC ETHOSUXAMIDE (CAPSULES, ORAL SOLUTION), GENERIC FELBAMATE (TABLETS, ORAL SOLUTION), GENERIC GABAPENTIN (CAPSULES, TABLETS, ORAL SOLUTION), GENERIC LAMOTRIGINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ODT TABLETS), GENERIC LEVETIRACETAM (TABLETS, ER TABLETS, ORAL SOLUTION), GENERIC OXCARBAZEPINE (TABLETS, ORAL SUSPENSION), GENERIC PHENYTOIN (ER CAPSULES, CHEWABLE TABLETS, ORAL SUSPENSION), GENERIC PREGABALIN (CAPSULES, ORAL SOLUTION), GENERIC RUFINAMIDE ORAL SUSPENSION, GENERIC TIAGABINE TABLETS, GENERIC TOPIRAMATE (CAPSULES, ER CAPSULES, TABLETS), GENERIC VALPROIC ACID (CAPSULES, DR CAPSULES, ORAL SOLUTION), GENERIC VIGABATRIN (TABLETS, POWDER FOR ORAL SOLUTION), GENERIC ZONISAMIDE CAPSULES, ROWEEPRA, ROWEEPRA XR
KEPPRA XR	MENTAL/NEUROLOGICAL DISORDERS	GENERIC CARBAMAZEPINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ER CAPSULES, ORAL SUSPENSION), GENERIC DIVALPROEX (DR CAPSULES, DR TABLETS, ER TABLETS), GENERIC ETHOSUXAMIDE (CAPSULES, ORAL SOLUTION), GENERIC FELBAMATE (TABLETS, ORAL SOLUTION), GENERIC GABAPENTIN (CAPSULES, TABLETS, ORAL SOLUTION), GENERIC LAMOTRIGINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ODT TABLETS), GENERIC LEVETIRACETAM (TABLETS, ER TABLETS, ORAL SOLUTION), GENERIC OXCARBAZEPINE (TABLETS, ORAL SUSPENSION), GENERIC PHENYTOIN (ER CAPSULES, CHEWABLE TABLETS, ORAL SUSPENSION), GENERIC PREGABALIN (CAPSULES, ORAL SOLUTION), GENERIC RUFINAMIDE ORAL SUSPENSION, GENERIC TIAGABINE TABLETS, GENERIC TOPIRAMATE (CAPSULES, ER CAPSULES, TABLETS), GENERIC VALPROIC ACID (CAPSULES, DR CAPSULES, ORAL SOLUTION), GENERIC VIGABATRIN (TABLETS, POWDER FOR ORAL SOLUTION), GENERIC ZONISAMIDE CAPSULES, ROWEEPRA, ROWEEPRA XR
KERYDIN	ANTI-FUNGAL	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
KESIMPTA	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
KETOPROFEN ER 200 MG	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
KETOPROFEN IR 25 MG	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
KEVZARA	INFLAMMATORY CONDITIONS	<b><u>RHEUMATOID ARTHRITIS:</u></b> ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2)
KHEDEZLA	DEPRESSION	<b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
KINERET	INFLAMMATORY CONDITIONS	<b><u>RHEUMATOID ARTHRITIS:</u></b> ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2)
KISQALI	ONCOLOGY	IBRANCE, VERZENIO
KISQALI FEMARA CO-PACK	ONCOLOGY	IBRANCE, VERZENIO
KITABIS	ANTI-INFECTIVE - SPECIALTY	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KLARON	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
KOMBIGLYZE XR	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
LAMICTAL CHEWABLE DISPERSIBLE TABLETS	MENTAL/NEUROLOGICAL DISORDERS	LAMOTRIGINE CHEWABLE DISPERSIBLE TABLETS, LAMOTRIGINE ODT, LAMOTRIGINE TABLETS, LAMOTRIGINE EXTENDED-RELEASE TABLETS
LAMICTAL ODT	MENTAL/NEUROLOGICAL DISORDERS	LAMOTRIGINE CHEWABLE DISPERSIBLE TABLETS, LAMOTRIGINE ODT, LAMOTRIGINE TABLETS, LAMOTRIGINE EXTENDED-RELEASE TABLETS
LAMICTAL TABLETS	MENTAL/NEUROLOGICAL DISORDERS	LAMOTRIGINE CHEWABLE DISPERSIBLE TABLETS, LAMOTRIGINE ODT, LAMOTRIGINE TABLETS, LAMOTRIGINE EXTENDED-RELEASE TABLETS
LAMICTAL XR	MENTAL/NEUROLOGICAL DISORDERS	LAMOTRIGINE CHEWABLE DISPERSIBLE TABLETS, LAMOTRIGINE ODT, LAMOTRIGINE TABLETS, LAMOTRIGINE EXTENDED-RELEASE TABLETS
LANSOPRAZOLE ODT	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
LASTACFT	EYE CONDITIONS	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	<b>GENOTYPE 1 &amp; 4:</b> EPCLUSA, HARVONI, VOSEVI, ZEPATIER <b>GENOTYPE 5 &amp; 6:</b> EPCLUSA, HARVONI, VOSEVI
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	<b>GENOTYPE 1 &amp; 4:</b> EPCLUSA, HARVONI, ZEPATIER <b>GENOTYPE 5 &amp; 6:</b> EPCLUSA, HARVONI
LESCOL	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LESCOL XL	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LETAIRIS TABLETS	PULMONARY HYPERTENSION	AMBRISENTAN, BOSENTAN, OPSUMIT, TRACLEER TABLETS FOR ORAL SUSPENSION
LEUPROLIDE ACETATE INJECTION (2 WEEK KIT)	ONCOLOGY	ELIGARD
LEXAPRO	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
LEXETTE 0.05% FOAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
LICART	PAIN	<p><b><u>GENERIC NSAIDS (MUST USE TWO)</u></b></p> <p>DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>
LIDOCAINE-TETRACAINE 7%-7% CREAM	SKIN CONDITIONS	LIDOCAINE CREAM PRODUCT <b>AND</b> LIDOCAINE/PRILOCAINE CREAM PRODUCT



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
LIPITOR	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LIPOFEN	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
LIVALO	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LOCOID 0.1% LOTION/CREAM/OINTMENT/SOLUTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
LOCOID LIPOCREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
LOCORT 7 DAY/11 DAY	INFLAMMATORY CONDITIONS	<b><u>RULE 19:</u></b> GENERIC DEXAMETHASON TABLETS
LODINE	PAIN	<p><b><u>GENERIC NSAIDS (MUST USE TWO)</u></b></p> <p>DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>

2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
LOPRESSOR	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
LOPRESSOR HCT	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
LORZONE	MUSCLE RELAXANT	<b>RULE 10:</b> GENERIC CHLORZOAZONE
LOTEMAX OPHTHALMIC GEL 0.5%	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LOTEMAX OPHTHALMIC OINTMENT 0.5%	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LOTEMAX SM	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LUMIGAN	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
LUNESTA	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
LUPRON DEPOT	ONCOLOGY	ELIGARD



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
LUVOX CR	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
LUXIQ 0.12% FOAM	SKIN CONDITIONS	<b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
LYRICA CR	MENTAL/NEUROLOGICAL DISORDERS	GABAPENTIN IMMEDIATE-RELEASE OR GENERIC PREGABALIN <b>AND</b> GENERIC PREGABALIN EXTENDED-RELEASE TABLETS
MARINOL	NAUSEA/VOMITING	AT LEAST 2 CONVENTIONAL ANTIEMETIC TREATMENT (FOR N/V ASSOCIATED WITH CANCER CHEMOTHERAPY) OR GENERIC DRONABINOL CAPSULES



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
MAVENCLAD	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
MAXALT	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
MAXALT MLT	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
MAXIDEX	EYE CONDITIONS	<b>MUST TRY 2:</b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
MAYZENT	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
MELOXICAM CAPSULES	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
METADATE CD	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
METFORMIN ORAL SOLUTION	DIABETES	METFORMIN IR TABLETS
METHERGINE	MIGRAINE HEADACHES	TRIAL OF OTHER SPECIFIC HEADACHE THERAPIES (PRIOR AUTH WITH STEP THERAPY)

**2022 Step Therapy Drugs**

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
METHYLPHENIDATE 72 MG ER TABLETS (BRAND)	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
METOPROLOL SUCCINATE/HYDROCHLOROTHIAZIDE EXTENDED RELEASE TABLETS	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORThALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
METROCREAM	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
METROGEL	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
METROLOTION	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
MICARDIS	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
MICARDIS HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
MIGRANAL	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
MINOCYCLINE ER CAPSULES (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MINOLIRA ER TABLET (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MIRCERA	BLOOD DISORDERS	PROCRIT, RETACRIT
MOBIC	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
MOMETASONE FUROATE NASAL SPRAY	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
MONODOX CAPSULE (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
MORGIDOX KIT (BRAND)	ANTI-INFECTIVE	DEMECLOXYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MOTRIN	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
MUPIROCIN CREAM (BRAND & GENERICS)	ANTI-INFECTIVE	MUPIROCIN OINTMENT
MVASI	ONCOLOGY	ZIRABEV
MYCAPSSA	ENDOCRINE DISORDERS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
MYDAYIS	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
MYRBETRIQ	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
NALFON	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
NAMENDA ORAL SOLUTION	MENTAL/NEUROLOGICAL DISORDERS	MEMANTINE TABLETS, MEMANTINE ORAL SOLUTION
NAMENDA TABLETS	MENTAL/NEUROLOGICAL DISORDERS	MEMANTINE TABLETS, MEMANTINE ORAL SOLUTION
NAMENDA XR	MENTAL/NEUROLOGICAL DISORDERS	MEMANTINE TABLETS, MEMANTINE ORAL SOLUTION
NAMZARIC	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
NAPRELAN & GENERICS	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
NAPROSYN	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
NAPROXEN SUSPENSION	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
NAPROXEN/ESOMEPRAZOLE DR TABLETS	PAIN	<b><u>MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC):</u></b> PRESCRIPTION PROTON PUMP INHIBITOR (DEXLANSOPRAZOLE, ESOMEPRAZOLE MAGNESIUM, ESOMEPRAZOLE STRONTIUM, LANSOPRAZOLE, OMEPRAZOLE, OMEPRAZOLE MAGNESIUM, OMEPRAZOLE/SODIUM BICARBONATE, PANTOPRAZOLE [ORAL], RABEPRAZOLE) <b><u>AND</u></b> PRESCRIPTION NAPROXEN, NAPROXEN SODIUM
NASCOBAL	BLOOD DISORDERS	CYANOCOBALAMIN INJECTION
NASONEX	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
NESINA	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
NEUAC	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
NEULASTA	BLOOD DISORDERS	FULPHILA, ZIEXTENZO
NEUPOGEN	BLOOD DISORDERS	NIVESTYM, ZARXIO
NEURONTIN	MENTAL/NEUROLOGICAL DISORDERS	GABAPENTIN CAPSULES, TABLETS, & ORAL SOLUTION
NEVANAC	EYE CONDITIONS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
NOCTIVA	OVERACTIVE BLADDER	DESMOPRESSIN



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
NOLIX 0.05% CREAM/LOTION (BRANDED GENERIC PRODUCT)	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
NORDITROPIN	GROWTH HORMONES	OMNITROPE
NORITATE CREAM	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
NORVASC	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
NOVACORT 2%-1% GEL	SKIN CONDITIONS	<b><u>RULE 11:</u></b> HYDROCORTISONE-PRAMOXINE CREAM
NUOX	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
NUTROPIN AQ	GROWTH HORMONES	OMNITROPE
NUTROPIN AQ	GROWTH HORMONES	GENOTROPIN, NORDITROPIN
NUVARING	CONTRACEPTIVES & NON-PREGNANCY RELATED CONDITIONS	GENERIC ORAL CONTRACEPTIVES, TRANSDERMAL XULANE, TRANSDERMAL ZAFEMY, ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING, ELURYNG VAGINAL RING
NUVIGIL	WAKE-PROMOTING AGENTS	ARMODAFINIL, MODAFINIL
NYVEPRIA	BLOOD DISORDERS	FULPHILA, ZIEXTENZO
OBREDON	COUGH AND COLD	<b>RULE 8:</b> GENERIC COUGH/COLD LIQUID
OCREVUS	MULTIPLE SCLEROSIS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
OGIVRI	ONCOLOGY	KANJINTI, TRAZIMERA



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
OLUX 0.05% FOAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
OLUX-E 0.05% FOAM	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
OMEPRAZOLE/SODIUM BICARBONATE CAPSULES (RX & OTC)	ULCER	<b>MUST TRY 5 GENERIC PPIs:</b> ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
OMNARIS	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
OMNITROPE	GROWTH HORMONES	GENOTROPIN, NORDITROPIN
ONEXTON	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ONGLYZA	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ONTRUZANT	ONCOLOGY	KANJINTI, TRAZIMERA
ONZETRA XSAIL	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ORACEA (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
ORGOVYX	ONCOLOGY	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ORLADEYO	HEREDITARY ANGIOEDEMA	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
OSENI	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
OTREXUP	INFLAMMATORY CONDITIONS	METHOTREXATE INJECTION
OXTELLAR XR	MENTAL/NEUROLOGICAL DISORDERS	OXCARBAZEPINE TABLETS & ORAL SUSPENSION
OXYTROL (RX)	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
OXYTROL (RX)	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
OXYTROL FOR WOMEN (OTC)	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
OXYTROL FOR WOMEN (OTC)	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
PACNEX 7% TOPICAL WASH	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PACNEX HP	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PACNEX LP	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PANDEL 0.1% CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PANTOPRAZOLE GRANULES	ULCER	<p>ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX &amp; OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES &amp; TABLETS (RX &amp; OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS</p>
PAROXETINE CR/ER TABLETS (GENERIC)	DEPRESSION	<p><b>REQUIRES USE OF ONE GENERIC SSRI:</b></p> <p>CITALOPRAM TABLETS &amp; ORAL SOLUTION, ESCITALOPRAM TABLETS &amp; ORAL SOLUTION, FLUOXETINE IR CAPSULES &amp; ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS &amp; ORAL SUSPENSION, SERTRALINE TABLETS &amp; ORAL SOLUTION</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PAROXETINE MESYLATE (GENERIC)	DEPRESSION	<b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PAXIL	DEPRESSION	<b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PAXIL CR	DEPRESSION	<b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PEDIADERM HC 2% COMPLETE KIT	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PEDIADERM TA 0.1% COMPLETE KIT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PENLAC	ANTI-FUNGAL	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
PENNSAID 2%	PAIN	<p><b><u>GENERIC NSAIDS (MUST USE TWO)</u></b></p> <p>DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PEXEVA	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PHEXXI	CONTRACEPTIVES & NON-PREGNANCY RELATED CONDITIONS	THREE OTHER BARRIER METHODS OF CONTRACEPTION (I.E. DIAPHRAGMS, CONDOMS, SPERMICIDES, OR SPONGES)
PIMECROLIMUS 1% CREAM (GENERIC)	SKIN CONDITIONS	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC): FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
PLEGRIDY	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
PLEXION CLEANSER & PADS	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PLEXION CREAM & LOTION	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
PLIAGLIS	SKIN CONDITIONS	LIDOCAINE CREAM PRODUCT <b>AND</b> LIDOCAINE/PRILOCAINE CREAM PRODUCT
PONVORY	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PRAMOSONE 1%/1% LOTION	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PRAMOSONE 2.5%/1% CREAM/LOTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PRAVACHOL	HIGH BLOOD CHOLESTEROL	<p>ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN</p>
PRED MILD	EYE CONDITIONS	<p><b><u>MUST TRY 2:</u></b> GENERIC DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, GENERIC FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, GENERIC LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, GENERIC PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%</p>
PREGNYL	INFERTILITY	NOVAREL, OVIDREL

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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PRESTALIA	HIGH BLOOD PRESSURE	<b>MUST TRY 1:</b> AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER <b>AND 1 BRAND OR GENERIC ACE INHIBITOR:</b> BENAZEPRIL, ENALAPRIL, LISINOPRIL, PERINDOPRIL ARGININE
PRISTIQ	DEPRESSION	<b><u>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</u></b> <b>SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD <b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES
PROCARDIA	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
PROCARDIA XL	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
PROCTOCORT SUPPOSITORY	INFLAMMATORY CONDITIONS	GENERIC HYDROCORTISONE ACETATE SUPPOSITORY (25 MG OR 30 MG), ANUCORT-HC (25 MG), GRX HICORT (25 MG), HEMMOREX-HC (25 MG OR 30 MG), RECTACORT-HC (25 MG)



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PROCTOFOAM HC 1%/1%	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PROCYSBI DR	URINARY DISORDERS	<b>RULE 13:</b> CYSTAGON
PROLASTIN-C	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
PROSCAR	BPH	FINASTERIDE 5 MG
PROTONIX	ULCER	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PROTOPIC	SKIN CONDITIONS	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC): FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
PROVIGIL	WAKE-PROMOTING AGENTS	ARMODAFINIL, MODAFINIL
PROZAC	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PROZAC WEEKLY	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PRUDOXIN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)





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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
PSORCON 0.05% CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
QBRELIS	HIGH BLOOD PRESSURE	<b>RULE 23:</b> GENERIC LISINAPRIL TABLETS
QMIIZ	PAIN	<p><b>GENERIC NSAIDS (MUST USE TWO)</b></p> <p>DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>
QNASL	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
QNASL CHILDREN'S	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY

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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
QTERN	DIABETES	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
QUDEXY XR	MENTAL/NEUROLOGICAL DISORDERS	TOPIRAMATE, TOPIRAGEN
QUESTRAN	HIGH BLOOD CHOLESTEROL	CHOLESTYRAMINE, COLESTIPOL, PREVALITE
QUESTRAN LIGHT	HIGH BLOOD CHOLESTEROL	CHOLESTYRAMINE, COLESTIPOL, PREVALITE
QUILLICHEW ER	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
QUILLIVANT XR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
RAPAFLO	BPH	ALFUZOSIN ER, DOXAZOSIN, TAMSULOSIN, TERAZOSIN
RASUVO	INFLAMMATORY CONDITIONS	METHOTREXATE INJECTION
RAYALDEE CAPSULES	VITAMIN D DEFICIENCY	CALCITRIOL CAPSULES, CALCITRIOL ORAL SOLUTION
RAYOS DR	INFLAMMATION/IMMUNE DISORDERS	<b>RULE 14:</b> GENERIC PREDNISONE
RAZADYNE	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM
RAZADYNE ER	MENTAL/NEUROLOGICAL DISORDERS	DONEPEZIL TABLETS & ODT (DOES NOT INCLUDE DONEPEZIL 23 MG TABLETS), GALANTAMINE TABLETS & ORAL SOLUTION, GALANTAMINE EXTENDED-RELEASE CAPSULES, RIVASTIGMINE CAPSULES, RIVASTIGMINE TRANSDERMAL SYSTEM



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
REBIF	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
RELAFEN	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
RELAFEN DS	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
RELEXXII	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
RELISTOR	CONSTIPATION	MOVANTIK, SYMPROIC (MUST TRY TWO)
RELPAK	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
REMODULIN	PULMONARY HYPERTENSION	TREPROSTINIL INJECTION
RENFLIXIS	INFLAMMATORY CONDITIONS	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
REVATIO SUSPENSION	PULMONARY HYPERTENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
REVATIO TABLETS	PULMONARY HYPERTENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS



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MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
RHOPRESSA	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
RIABNI	INFLAMMATORY CONDITIONS	RUXIENCE
RIOMET	DIABETES	METFORMIN IR TABLETS
RIOMET ER	DIABETES	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)
RITALIN LA	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
RITALIN SR	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
RITUXAN IV	INFLAMMATORY CONDITIONS	RUXIENCE
ROCALTROL CAPSULES	VITAMIN D DEFICIENCY	CALCITRIOL CAPSULES, CALCITRIOL ORAL SOLUTION
ROCALTROL ORAL SOLUTION	VITAMIN D DEFICIENCY	CALCITRIOL CAPSULES, CALCITRIOL ORAL SOLUTION
ROCKLATAN	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
ROSADAN CREAM KIT	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ROSADAN GEL KIT	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ROSANIL	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
ROSULA	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
ROZEREM	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
RYVENT 6 MG TABLET	ALLERGIES	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
SANDOSTATIN	ENDOCRINE DISORDERS	OCTREOTIDE ACETATE IMMEDIATE-RELEASE INJECTION
SANDOSTATIN LAR DEPOT	ENDOCRINE DISORDERS	SOMATULINE DEPOT
SARAFEM	DEPRESSION	<b><u>REQUIRES USE OF ONE GENERIC SSRI:</u></b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
SAVELLA	PAIN/INFLAMMATION	<b><u>REQUIRES USE OF TWO PRODUCTS FROM STEP 1 AND/OR STEP 2</u></b> CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD, DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES, CYMBALTA, DESVENLAFAXINE ER (BRAND), DESVENLAFAXINE FUMARATE ER (BRAND), DESVENLAFAXINE SUCCINATE ER (GENERIC), DULOXETINE 40 MG DR (GENERIC), EFFEXOR/XR, FETZIMA, IRENKA, KHEDEZLA, PRISTIQ, VENLAFAXINE ER (BRAND & GENERIC)



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SCALACORT DK KIT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
SECTRAL	HIGH BLOOD PRESSURE	<p>GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SEGLUROMET	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
SERNIVO 0.05% SPRAY	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SEYSARA TABLETS (BRAND)	ANTI-INFECTIVE	DEMECLOXYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
SIGNIFOR LAR	ENDOCRINE DISORDERS	SOMATULINE DEPOT
SIKLOS	BLOOD DISORDERS	DROXIA
SILDENAFIL SUSPENSION	PULMONARY HYPERTENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
SILENOR	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
SILIQ	INFLAMMATORY CONDITIONS	<b>PSORIASIS:</b> ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA (TRY 2)
SITAVIG BUCCAL TABLETS	ANTI-INFECTIVE	<b>RULE 15:</b> GENERIC ACYCLOVIR
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	<b>GENOTYPE 1 &amp; 4:</b> EPCLUSA, HARVONI, VOSEVI, ZEPATIER <b>GENOTYPE 2 &amp; 3:</b> EPCLUSA, VOSEVI <b>GENOTYPE 5 &amp; 6:</b> EPCLUSA, HARVONI, VOSEVI
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	<b>GENOTYPE 1 &amp; 4:</b> EPCLUSA, HARVONI, ZEPATIER <b>GENOTYPE 2 &amp; 3:</b> EPCLUSA <b>GENOTYPE 5 &amp; 6:</b> EPCLUSA, HARVONI
SOLODYN ER TABLETS (BRAND & GENERIC)	ANTI-INFECTIVE	DEMECLOXYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
SONATA	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
SOOLANTRA	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
SORILUX	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
SOVALDI	HEPATITIS C	<b>GENOTYPE 2 &amp; 3:</b> EPCLUSA, VOSEVI
SOVALDI	HEPATITIS C	<b>GENOTYPE 2 &amp; 3:</b> SOFOSBUVIR/VELPATASVIR, VOSEVI
SOVALDI	HEPATITIS C	<b>GENOTYPE 2 &amp; 3:</b> EPCLUSA



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SPRITAM	MENTAL/NEUROLOGICAL DISORDERS	GENERIC CARBAMAZEPINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ER CAPSULES, ORAL SUSPENSION), GENERIC DIVALPROEX (DR CAPSULES, DR TABLETS, ER TABLETS), GENERIC ETHOSUXAMIDE (CAPSULES, ORAL SOLUTION), GENERIC FELBAMATE (TABLETS, ORAL SOLUTION), GENERIC GABAPENTIN (CAPSULES, TABLETS, ORAL SOLUTION), GENERIC LAMOTRIGINE (TABLETS, CHEWABLE TABLETS, ER TABLETS, ODT TABLETS), GENERIC LEVETIRACETAM (TABLETS, ER TABLETS, ORAL SOLUTION), GENERIC OXCARBAZEPINE (TABLETS, ORAL SUSPENSION), GENERIC PHENYTOIN (ER CAPSULES, CHEWABLE TABLETS, ORAL SUSPENSION), GENERIC PREGABALIN (CAPSULES, ORAL SOLUTION), GENERIC RUFINAMIDE ORAL SUSPENSION, GENERIC TIAGABINE TABLETS, GENERIC TOPIRAMATE (CAPSULES, ER CAPSULES, TABLETS), GENERIC VALPROIC ACID (CAPSULES, DR CAPSULES, ORAL SOLUTION), GENERIC VIGABATRIN (TABLETS, POWDER FOR ORAL SOLUTION), GENERIC ZONISAMIDE CAPSULES, ROWEEPRA, ROWEEPRA XR
SPRIX	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
STEGLATRO	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
STEGLUJAN	DIABETES	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLIPTIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
STRATTERA	ATTENTION DISORDERS	<b>BRAND AND GENERIC STIMULANT MEDICATIONS</b> FOR EXAMPLE: ADDERALL, ADDERALL XR, ADZENYS XR ODT, APTENSIO XR, ATOMOXETINE, CONCERTA, DAYTRANA, DESOXYN, DEXEDRINE, DEXEDRINE SPANSULES, DEXTROAMPHETAMINE, DEXTROAMPHETAMINE SR, DEXMETHYLPHENIDATE IR, DYNAVEL XR, FOCALIN, FOCALIN XR, METADATE CD, METADATE ER, METHAMPHETAMINE, METHYLIN, METHYLIN ER, METHYLPHENIDATE ER, METHYLPHENIDATE IMMEDIATE RELEASE, MIXED AMPHETAMINE SALTS IR, QUILLICHEW ER, RITALIN LA, RITALIN SR, VYVANSE
SULAR	HIGH BLOOD PRESSURE	AFEDITAB CR, AMLODIPINE, AMLODIPINE/ATORVASTATIN, AMLODIPINE/BENAZEPRIL, FELODIPINE ER, ISRADIPINE IR, NICARDIPINE IR, NIFEDIPINE ER, NIFEDIPINE IR, NIFEDIPINE XL, NIFEDIAC CC, NIFEDICAL XL, NISOLDIPINE ER
SULFACLEANSE 8-4 SUSPENSION	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMADAN	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMADAN XLT	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAVEL DOSEPRO	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
SUMAXIN CLEANSING PADS & WASH	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAXIN CP	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAXIN TS	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUNOSI	WAKE-PROMOTING AGENTS	ARMODAFINIL, MODAFINIL



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SYNALAR 0.025% CREAM/OINTMENT/0.01% SOLUTION	SKIN CONDITIONS	<b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
SYNALAR TS KIT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
SYNDROS	NAUSEA/VOMITING	AT LEAST 2 CONVENTIONAL ANTIEMETIC TREATMENT (FOR N/V ASSOCIATED WITH CANCER CHEMOTHERAPY) OR GENERIC DRONABINOL CAPSULES
SYNERA	SKIN CONDITIONS	LIDOCAINE CREAM PRODUCT <b>AND</b> LIDOCAINE/PRILOCAINE CREAM PRODUCT
SYNJARDY/XR	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TACLONEX OINTMENT	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
TACROLIMUS OINTMENT 0.03% & 0.1% (GENERIC)	SKIN CONDITIONS	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC): FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
TAKHZYRO	HEREDITARY ANGIOEDEMA	<b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
TARGADOX 50 MG TABLET (BRAND & GENERIC)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
TAVABOROLE TOPICAL SOLUTION 5%	ANTI-FUNGAL	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
TECFIDERA	MULTIPLE SCLEROSIS	GENERIC DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GENERIC GLATIRAMER INJECTION



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TEMOVATE 0.05% CREAM/OINTMENT	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TENORETIC	HIGH BLOOD PRESSURE	<p>GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TENORMIN	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
TESTRED	HORMONAL SUPPLEMENTATION	<b>RULE 4:</b> GENERIC OR METHITEST
TEVETEN	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
TEVETEN HCT	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TEXACORT 2.5% SOLUTION	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TIVORBEX	PAIN	<p><b><u>GENERIC NSAIDS (MUST USE TWO)</u></b></p> <p>DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR &amp; ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR &amp; ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR &amp; ER), KETOPROFEN IR 50 MG &amp; 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR &amp; ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG &amp; 600 MG)</p>
TOBI	ANTI-INFECTIVE - SPECIALTY	TOBRAMYCIN INHALATION SOLUTION, TOBI PODHALER





2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TOLMETIN 400 MG & 600 MG	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
TOLSURA	ANTI-FUNGAL	ITRACONAZOLE CAPSULES OR ORAL SOLUTION
TOPAMAX	MENTAL/NEUROLOGICAL DISORDERS	TOPIRAMATE, TOPIRAGEN
TOPAMAX SPRINKLE	MENTAL/NEUROLOGICAL DISORDERS	TOPIRAMATE, TOPIRAGEN
TOPICORT 0.05% OINTMENT/CREAM/GEL	SKIN CONDITIONS	<b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TOPICORT 0.25% OINTMENT/CREAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TOPICORT SPRAY 0.25%	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TOPIRAMATE ER	MENTAL/NEUROLOGICAL DISORDERS	TOPIRAMATE, TOPIRAGEN
TOPROL XL	HIGH BLOOD PRESSURE	<p>GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)</p>
TOSYMRA	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TOVIAZ	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIMUM, TROSPIMUM ER
TRACLEER TABLETS	PULMONARY HYPERTENSION	AMBRISENTAN, BOSENTAN, OPSUMIT, TRACLEER TABLETS FOR ORAL SUSPENSION
TRADJENTA	DIABETES	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
TRAMADOL EXTENDED RELEASE	PAIN	TRAMADOL, TRAMADOL ER, TRAMADOL/ACETAMINOPHEN
TRANSDERMAL TWIRLA	CONTRACEPTIVES & NON-PREGNANCY RELATED CONDITIONS	GENERIC ORAL CONTRACEPTIVES, TRANSDERMAL XULANE, TRANSDERMAL ZAFEMY, ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING, ELURYNG VAGINAL RING
TRAVATAN Z	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
TRELSTAR	ONCOLOGY	ELIGARD
TREXIMET	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
<p>TRIAMCINOLONE ACETONIDE 0.05% OINTMENT</p>	<p>SKIN CONDITIONS</p>	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
<p>TRIAMCINOLONE ACETONIDE AEROSOL SPRAY</p>	<p>SKIN CONDITIONS</p>	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b>            ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
<p>TRIANEX 0.05% OINTMENT (BRANDED GENERIC PRODUCT)</p>	<p>SKIN CONDITIONS</p>	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
<p>TRIBENZOR</p>	<p>HIGH BLOOD PRESSURE</p>	<p>CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE</p>
<p>TRICOR</p>	<p>HIGH BLOOD CHOLESTEROL</p>	<p>FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TRICOR	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
TRIDERM 0.5% CREAM (BRANDED GENERIC PRODUCT)	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TRIDESILON CREAM 0.05%	SKIN CONDITIONS	<b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
TRIGLIDE	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
TRIGLIDE	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN

## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
TRIJARDY XR	DIABETES	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
TRILEPTAL TABLETS & ORAL SUSPENSION	MENTAL/NEUROLOGICAL DISORDERS	OXCARBAZEPINE TABLETS & ORAL SUSPENSION
TRILIPIX	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
TRILIPIX	HIGH BLOOD CHOLESTEROL	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
TRINTELLIX	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
TROKENDI XR	MENTAL/NEUROLOGICAL DISORDERS	TOPIRAMATE, TOPIRAGEN
TRUXIMA	INFLAMMATORY CONDITIONS	RUXIENCE
TUSSICAPS	COUGH AND COLD	<b>RULE 16:</b> GENERIC COUGH/COLD LIQUID
TUZISTRA XR	COUGH AND COLD	<b>RULE 17:</b> GENERIC COUGH/COLD LIQUID
TWYNSTA	HIGH BLOOD PRESSURE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
UDENYCA	BLOOD DISORDERS	FULPHILA, ZIEXTENZO
ULORIC TABLETS	GOUT	ALLOPURINOL TABLETS, ZYLOPRIM TABLETS
ULTRACET	PAIN	TRAMADOL, TRAMADOL ER, TRAMADOL/ACETAMINOPHEN
ULTRAM	PAIN	TRAMADOL, TRAMADOL ER, TRAMADOL/ACETAMINOPHEN
ULTRAM ER	PAIN	TRAMADOL, TRAMADOL ER, TRAMADOL/ACETAMINOPHEN



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ULTRAVATE 0.05% CREAM/LOTION/OINTMENT	SKIN CONDITIONS	<b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b> ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT



2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ULTRAVATE X 0.05%-10% COMBINATION PACK	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
UROXATRAL	BPH	ALFUZOSIN ER, DOXAZOSIN, TAMSULOSIN, TERAZOSIN
VANATOL LQ	PAIN	<b>RULE 6:</b> GENERIC PRODUCT WITH BUTALBITAL
VANATOL S	PAIN	<b>RULE 6:</b> GENERIC PRODUCT WITH BUTALBITAL



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
VANOS 0.1% CREAM	SKIN CONDITIONS	<p><b><u>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</u></b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM            BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT            BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION            BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT            CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            DESONIDE 0.05% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION            FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT            FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL            FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION            FLUTICASONE PROPIONATE 0.05% CREAM            FLUTICASONE PROPIONATE 0.005% OINTMENT            HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT            HYDROCORTISONE 2% LOTION            HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION            HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT            HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM            HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT            MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT            PREDNICARBATE 0.1% CREAM/OINTMENT            TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT            TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
VELETRI	PULMONARY HYPERTENSION	<p><b>TARGETED AS PRIOR AUTHORIZATION ONLY.</b> ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.</p>
VELTASSA	ELECTROLYTE IMBALANCE	LOKELMA
VELTIN	SKIN CONDITIONS	<p>GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
VENLAFAXINE ER (BRAND & GENERIC)	DEPRESSION	<p><b>REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI)</b></p> <p><b>SSRI:</b> CITALOPRAM TABLETS &amp; ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS &amp; ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS &amp; ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR &amp; ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS &amp; ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD</p> <p><b>SNRI:</b> DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES</p>
VENTAVIS	PULMONARY HYPERTENSION	TYVASO
VERDESO 0.5% FOAM	SKIN CONDITIONS	<p><b>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS - NOT AN INCLUSIVE LIST</b></p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM</p> <p>BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT</p> <p>BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION</p> <p>BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT</p> <p>CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION</p> <p>DESONIDE 0.05% CREAM/OINTMENT</p> <p>FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION</p> <p>FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT</p> <p>FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL</p> <p>FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION</p> <p>FLUTICASONE PROPIONATE 0.05% CREAM</p> <p>FLUTICASONE PROPIONATE 0.005% OINTMENT</p> <p>HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT</p> <p>HYDROCORTISONE 2% LOTION</p> <p>HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION</p> <p>HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT</p> <p>HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM</p> <p>HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT</p> <p>MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT</p> <p>PREDNICARBATE 0.1% CREAM/OINTMENT</p> <p>TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT</p> <p>TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT</p> <p>TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
VERELAN	HIGH BLOOD PRESSURE	VERAPAMIL EXTENDED-RELEASE CAPSULES, VERAPAMIL IMMEDIATE-RELEASE TABLETS, VERAPAMIL SUSTAINED-RELEASE TABLETS, VERAPAMIL EXTENDED-RELEASE PM CAPSULES
VERELAN PM	HIGH BLOOD PRESSURE	VERAPAMIL EXTENDED-RELEASE CAPSULES, VERAPAMIL IMMEDIATE-RELEASE TABLETS, VERAPAMIL SUSTAINED-RELEASE TABLETS, VERAPAMIL EXTENDED-RELEASE PM CAPSULES
VESICARE	OVERACTIVE BLADDER	DARIFENACIN ER, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM, TROSPIUM ER
VESICARE	OVERACTIVE BLADDER	DARIFENACIN ER, GELNIQUE, MYRBETRIQ, OXYBUTYNIN IR, OXYBUTYNIN ER, SOLIFENACIN, TOLTERODINE, TOLTERODINE ER, TOVIAZ, TROSPIUM, TROSPIUM ER
VIBRAMYCIN CAPSULE, SUSPENSION, SYRUP (BRAND)	ANTI-INFECTIVE	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
VIIBRYD	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
VIMOVO	PAIN	<b>MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC):</b> PRESCRIPTION PROTON PUMP INHIBITOR (DEXLANSOPRAZOLE, ESOMEPRAZOLE MAGNESIUM, ESOMEPRAZOLE STRONTIUM, LANSOPRAZOLE, OMEPRAZOLE, OMEPRAZOLE MAGNESIUM, OMEPRAZOLE/SODIUM BICARBONATE, PANTOPRAZOLE [ORAL], RABEPRAZOLE) <b>AND</b> PRESCRIPTION NAPROXEN, NAPROXEN SODIUM
VITUZ	COUGH AND COLD	<b>RULE 17:</b> GENERIC COUGH/COLD LIQUID

## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
VIVLODEX	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
VOLTAREN GEL 1%	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
VOLTAREN XR	PAIN	<b><u>GENERIC NSAIDS (MUST USE TWO)</u></b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
VOSEVI	HEPATITIS C	<b><u>GENOTYPE 1 &amp; 4:</u></b> EPCLUSA, HARVONI, ZEPATIER <b><u>GENOTYPE 2 &amp; 3:</u></b> EPCLUSA <b><u>GENOTYPE 5 &amp; 6:</u></b> EPCLUSA, HARVONI
VPRIV	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	CEREZYME
VUMERITY	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
VYTORIN	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN





## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
VYVANSE CAPSULES & CHEWABLE TABLETS	ATTENTION DISORDERS	AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC ADDERALL XR), DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC FOCALIN XR), DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES (GENERIC DEXEDRINE SPANSULES), METHYLPHENIDATE EXTENDED-RELEASE CAPSULES (GENERIC METADATE CD & RITALIN LA), METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS (GENERIC RITALIN SR), METHYLPHENIDATE EXTENDED-RELEASE TABLETS (GENERIC CONCERTA)
VYZULTA	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
WAKIX	WAKE-PROMOTING AGENTS	ARMODAFINIL, MODAFINIL
WELCHOL	HIGH BLOOD CHOLESTEROL	CHOLESTYRAMINE, COLESTIPOL, PREVALITE
WELLBUTRIN SR	DEPRESSION	BUPROPION SR, BUPROPION ER
WELLBUTRIN XL	DEPRESSION	BUPROPION SR, BUPROPION ER
WYNZORA	TOPICAL INFLAMMATORY CONDITIONS	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
XADAGO	MENTAL/NEUROLOGICAL DISORDERS	RASAGILINE, SELEGILINE
XALATAN	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
XATMEP	ONCOLOGY/INFLAMMATORY CONDITIONS	<b>RULE 21:</b> METHOTREXATE TABLETS, TREXALL
XELJANZ TABLETS	INFLAMMATORY CONDITIONS	<b>ULCERATIVE COLITIS:</b> HUMIRA
XELJANZ XR TABLETS	INFLAMMATORY CONDITIONS	<b>ULCERATIVE COLITIS:</b> HUMIRA
XELPROS	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
XENAZINE	MENTAL/NEUROLOGICAL DISORDERS	GENERIC TETRABENAZINE TABLETS
XEPI	ANTI-INFECTIVE	MUPIROCIIN OINTMENT
XHANCE	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
XIGDUO XR	DIABETES	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
XIMINO ER CAPSULES (BRAND)	ANTI-INFECTIVE	DEMECLOXYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
YOSPRALA	ULCER	<b>RULE 18:</b> ASPIRIN + RX PPI
ZAVESCA	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	CERDELGA, GENERIC MIGLUSTAT
ZEBETA	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
ZEGERID	ULCER	<b>MUST TRY 5 GENERIC PPIs:</b> ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ZEMAIRA	METABOLIC, IMMUNE DISORDERS OR INHERITED RARE DISEASE	ARALAST NP, GLASSIA
ZEMBRACE SYMTOUCH	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ZEMPLAR CAPSULES	VITAMIN D DEFICIENCY	CALCITRIOL CAPSULES, CALCITRIOL ORAL SOLUTION
ZEPOSIA	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, GLATIRAMER INJECTION
ZEPOSIA	INFLAMMATORY CONDITIONS	<b>ULCERATIVE COLITIS:</b> HUMIRA, STELARA SC (TRY 2)
ZERVIAE	EYE CONDITIONS	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ZETIA	HIGH BLOOD CHOLESTEROL	<b>STEP 1: GENERIC OR BRAND HMG/HMG COMBINATION PRODUCTS</b> (I.E.: ATORVASTATIN, ATORVASTATIN PLUS AMLODIPINE, EZETIMIBE PLUS SIMVASTATIN, FLUVASTATIN, FLUVASTATIN ER, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN, ALTOPREV, CADUET, CRESTOR, LESCOL, LESCOL XL, LIPITOR, LIVALO, MEVACOR, PRAVACHOL, VYTORIN, ZOCOR, ZYPITAMAG) <b>STEP 2:</b> GENERIC EZETIMIBE TABLETS
ZETONNA	ALLERGIES	FLUTICASONE PROPIONATE NASAL SPRAY
ZIAC	HIGH BLOOD PRESSURE	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, CARVEDILOL EXTENDED-RELEASE, LABETALOL, METOPROLOL SUCCINATE EXTENDED-RELEASE, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL EXTENDED-RELEASE, TIMOLOL) <b>AND</b> GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLOROTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
ZIANA	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ZILEUTON ER	ASTHMA/COPD	<b>RULE 20:</b> GENERIC MONTELUKAST
ZILXI	SKIN CONDITIONS	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ZIOPTAN	EYE CONDITIONS	GENERIC BIMATOPROST 0.03% OPHTHALMIC SOLUTION, GENERIC LATANOPROST OPHTHALMIC SOLUTION, GENERIC TRAVOPROST 0.004% OPHTHALMIC SOLUTION
ZIPSOR	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
ZOCOR	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN



## 2022 Step Therapy Drugs

MEDICATION	THERAPEUTIC CATEGORY	FIRST LINE ALTERNATIVE
ZOLOFT	DEPRESSION	<b>REQUIRES USE OF ONE GENERIC SSRI:</b> CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
ZOLPIMIST	SLEEP DISORDER	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
ZOMACTON	GROWTH HORMONES	OMNITROPE
ZOMACTON	GROWTH HORMONES	GENOTROPIN, NORDITROPIN
ZOMIG	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ZOMIG NASAL SPRAY	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ZOMIG ZMT	MIGRAINE HEADACHES	ALMOTRIPTAN, ELETRIPTAN, FROVATRIPTAN, NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN INJECTION, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN
ZONACORT 7 DAY/11 DAY	INFLAMMATORY CONDITIONS	<b>RULE 19:</b> GENERIC DEXAMETHASON TABLETS
ZONALON	SKIN CONDITIONS	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)
ZORVOLEX	PAIN	<b>GENERIC NSAIDS (MUST USE TWO)</b> DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN (EXCEPT 400 MG & 600 MG)
ZYFLO	ASTHMA/COPD	<b>RULE 20:</b> GENERIC MONTELUKAST
ZYFLO CR	ASTHMA/COPD	<b>RULE 20:</b> GENERIC MONTELUKAST
ZYPITAMAG	HIGH BLOOD CHOLESTEROL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
ZYTIGA	ONCOLOGY	ABIRATERONE