2026 Step Therapy Criteria

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PacificSource Community Solutions

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POLICY NAME:
ANTI-EMETICS: AKYNZEO, GRANISETRON, APREPITANT, VARUBI

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 3 drug may be given.

Step 1 Drugs: CVS MOTION SICKNESS II TABLET, CVS MOTION SICKNESS RELIEF TABLET CHEWABLE, DRAMAMINE LESS DROWSY TABLET, DRONABINOL CAPSULE, EQ MOTION SICKNESS RELIEF TABLET, GNP MOTION SICKNESS RELIEF TABLET, HM MOTION RELIEF TABLET, MECLIZINE HCL TABLET, MECLIZINE HCL TABLET CHEWABLE, METOCLOPRAMIDE HCL SOLUTION, METOCLOPRAMIDE HCL TABLET, MOTION SICKNESS RELIEF TABLET CHEWABLE, ONDANSETRON HCL SOLUTION, ONDANSETRON HCL TABLET, ONDANSETRON TABLET DISPERSIBLE, PROCHLORPERAZINE MALEATE TABLET, PROCHLORPERAZINE SUPPOSITORY, PROMETHAZINE HCL SOLUTION, PROMETHAZINE HCL SUPPOSITORY, PROMETHAZINE HCL SYRUP, PROMETHAZINE HCL TABLET, RA MOTION SICKNESS RELIEF TABLET, RA MOTION SICKNESS RELIEF TABLET CHEWABLE, SM MOTION SICKNESS TABLET, TRAVEL SICKNESS TABLET CHEWABLE, TRIMETHOBENZAMIDE HCL CAPSULE, WAL-DRAM II TABLET

Step 2 Drug: GRANISETRON HCL TABLET

Step 3 Drugs: AKYNZEO CAPSULE, APREPITANT CAPSULE, APREPITANT CAPSULE THERAPY PACK, VARUBI TABLET

POLICY NAME:
ENDARI

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drug: HYDROXYUREA CAPSULE

Step 2 Drug: L-GLUTAMINE PACKET

POLICY NAME:
HORMONE REPLACEMENT THERAPY (HRT): MENEST, PREMPHASE, PREMPRO

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drugs: AMABELZ TABLET, ESTRADIOL PATCH WEEKLY, ESTRADIOL TABLET, ESTRADIOL-NORETHINDRONE ACET TABLET, LOPREEZA TABLET, MEDROXYPROGESTERONE ACETATE SUSPENSION, MEDROXYPROGESTERONE ACETATE TABLET, MIMVEY LO TABLET, MIMVEY TABLET, NORETHINDRONE-ETH ESTRADIOL TABLET, PROGESTERONE CAPSULE, PROGESTERONE MICRONIZED CAPSULE

Step 2 Drugs: MENEST TABLET, PREMPHASE TABLET, PREMPRO TABLET

POLICY NAME:
LONG-ACTING OPIOIDS: OXYMORPHONE ER,OXYCODONE ER

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drugs: FENTANYL PATCH 72 HOUR, MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR, MORPHINE SULFATE ER TABLET EXTENDED RELEASE

Step 2 Drugs: HYDROMORPHONE HCL ER TABLET EXTENDED RELEASE 24 HOUR, OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT, OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT, OXYMORPHONE HCL ER TABLET EXTENDED RELEASE 12 HOUR

POLICY NAME:
MIGRAINE AGENTS

If the patient has tried TWO, Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drugs: ALMOTRIPTAN MALATE TABLET, ELETRIPTAN HYDROBROMIDE TABLET, FROVATRIPTAN SUCCINATE TABLET, NARATRIPTAN HCL TABLET, RIZATRIPTAN BENZOATE TABLET, RIZATRIPTAN BENZOATE TABLET DISPERSIBLE, SUMATRIPTAN SOLUTION, SUMATRIPTAN SUCCINATE SOLUTION, SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR, SUMATRIPTAN SUCCINATE TABLET, ZOLMITRIPTAN TABLET, ZOLMITRIPTAN TABLET DISPERSIBLE

Step 2 Drugs: REYVOW TABLET, UBRELVY TABLET

POLICY NAME:
NICOTROL

If the patient has tried TWO Step 1 drugs (at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drugs: CVS NICOTINE PATCH 24 HOUR, CVS NICOTINE POLACRILEX GUM, CVS NICOTINE POLACRILEX LOZENGE, EQ NICOTINE LOZENGE, EQ NICOTINE PATCH 24 HOUR, EQ NICOTINE POLACRILEX GUM, EQ NICOTINE POLACRILEX LOZENGE, EQ NICOTINE STEP 3 PATCH 24 HOUR, EQL NICOTINE POLACRILEX GUM, EQL NICOTINE POLACRILEX LOZENGE, GNP NICOTINE PATCH 24 HOUR, GNP NICOTINE POLACRILEX GUM, GNP NICOTINE POLACRILEX LOZENGE, GOODSENSE NICOTINE GUM, HM NICOTINE PATCH 24 HOUR, HM NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX LOZENGE, KLS QUIT2 GUM, NICORELIEF GUM, NICOTINE KIT, NICOTINE PATCH 24 HOUR, NICOTINE POLACRILEX GUM, NICOTINE POLACRILEX LOZENGE, NICOTINE STEP 1 PATCH 24 HOUR, NICOTINE STEP 2 PATCH 24 HOUR, NICOTINE STEP 3 PATCH 24 HOUR, PX STOP SMOKING AID GUM, PX STOP SMOKING AID LOZENGE, RA MINI NICOTINE LOZENGE, RA NICOTINE GUM, RA NICOTINE PATCH 24 HOUR, RA NICOTINE POLACRILEX GUM, RA NICOTINE POLACRILEX LOZENGE, SM NICOTINE GUM, SM NICOTINE LOZENGE, SM NICOTINE PATCH 24 HOUR, SM NICOTINE POLACRILEX GUM, SM NICOTINE POLACRILEX LOZENGE, TGT NICOTINE GUM, TGT NICOTINE POLACRILEX GUM, TGT NICOTINE POLACRILEX LOZENGE, TGT NICOTINE STEP ONE PATCH 24 HOUR, TGT NICOTINE STEP THREE PATCH 24 HOUR, TGT NICOTINE STEP TWO PATCH 24 HOUR, THRIVE GUM

Step 2 Drugs: NICOTROL INHALER, NICOTROL NS SOLUTION

POLICY NAME:
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS): CELECOXIB, MEFENAMIC ACID

If the patient has tried TWO unique prescription strength Step 1 drugs in the past 180 days, then authorization for a Step 2 drug may be given. Authorization may be given if: ? Patients who are currently taking anticoagulants. ? Patients is at high risk for gastrointestinal bleeding

Step 1 Drugs: DICLOFENAC POTASSIUM TABLET, DICLOFENAC SODIUM ER TABLET EXTENDED RELEASE 24 HOUR, DICLOFENAC SODIUM TABLET DELAYED RELEASE, DICLOFENAC-MISOPROSTOL TABLET DELAYED RELEASE, ETODOLAC CAPSULE, ETODOLAC ER TABLET EXTENDED RELEASE 24 HOUR, ETODOLAC TABLET, FLURBIPROFEN TABLET, IBUPROFEN TABLET, INDOMETHACIN CAPSULE, INDOMETHACIN ER CAPSULE EXTENDED RELEASE, KETOROLAC TROMETHAMINE +RFID SOLUTION, KETOROLAC TROMETHAMINE SOLUTION, KETOROLAC TROMETHAMINE TABLET, MELOXICAM TABLET, NABUMETONE TABLET, NAPROXEN DR TABLET DELAYED RELEASE, NAPROXEN SODIUM TABLET, NAPROXEN SUSPENSION, NAPROXEN TABLET, NAPROXEN TABLET DELAYED RELEASE, OXAPROZIN TABLET, PIROXICAM CAPSULE, SULINDAC TABLET, TOLMETIN SODIUM CAPSULE

Step 2 Drug: MEFENAMIC ACID CAPSULE

POLICY NAME:
ORAL ANTIDIABETIC AGENTS

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 3 drug may be given.

Step 1 Drugs: ALOGLIPTIN BENZOATE TABLET, ALOGLIPTIN-METFORMIN HCL TABLET, GLYBURIDE MICRONIZED TABLET, JANUMET TABLET, JANUMET XR TABLET EXTENDED RELEASE 24 HOUR, JANUVIA TABLET, TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR

Step 2 Drugs: JENTADUETO TABLET, JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR, TRADJENTA TABLET

POLICY NAME:
OSMOLEX EXTENDED RELEASE

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drugs: AMANTADINE HCL CAPSULE, AMANTADINE HCL SOLUTION, AMANTADINE HCL SYRUP, AMANTADINE HCL TABLET

Step 2 Drugs: OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK, OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR

POLICY NAME:
OVERACTIVE BLADDER

If the patient has tried TWO Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization for a Step 2 drug may be given.

Step 1 Drugs: OXYBUTYNIN CHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR, OXYBUTYNIN CHLORIDE SOLUTION, OXYBUTYNIN CHLORIDE TABLET, SOLIFENACIN SUCCINATE TABLET, TOLTERODINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR, TOLTERODINE TARTRATE TABLET, TROSPIUM CHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR, TROSPIUM CHLORIDE TABLET

Step 2 Drug: MIRABEGRON ER TABLET EXTENDED RELEASE 24 HOUR

POLICY NAME:
PRAMIPEXOLE ER

If the patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days), then authorization may be given.

Step 1 Drugs: PRAMIPEXOLE DIHYDROCHLORIDE TABLET, ROPINIROLE HCL ER TABLET EXTENDED RELEASE 24 HOUR, ROPINIROLE HCL TABLET

Step 2 Drug: PRAMIPEXOLE DIHYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR