OHSU Health Services

Aprepitant
Step Therapy Guidelines

Affected Medication(s)

- Aprepitant oral capsule

Step Therapy Requirements

Step 1 Drug(s):

- Ondansetron oral tablet
- Ondansetron ODT oral tablet
- Ondansetron solution
- Granisetron tablet

Step Therapy Criteria

1. Prescription claim for **ONE** Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)

    a. If yes, approve for 12 months
    b. If no, continue to #2

2. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to **ONE** Step 1 Drugs is required

    a. If yes, approve for 12 months
    b. If no, clinical review required

Last Reviewed: 4/2/19, 3/11/20, 7/14/21, 7/13/22, 7/12/23, 7/10/24, 7/9/25
Effective Date: 5/1/19, 1/1/20

OHSU Health Services

Budesonide-Formoterol
Step Therapy Guidelines

Affected Medication(s)

- Breyna inhaler
- Budesonide-formoterol inhaler

Step Therapy Requirements

Step 1 Drug(s):

- Fluticasone-salmeterol inhaler
- Wixela (fluticasone propionate/salmeterol xinafoate) inhaler
- Fluticasone propionate/salmeterol xinafoate (Airduo) inhaler

Step Therapy Criteria

1. Prescription claims for **ONE** Step 1 Drug within the past 180 days (Note: 90 days of claims history for Step 1 Drug is required for authorization)

    a. If yes, approve for 12 months
    b. If no, continue to #2

2. If no claim history for Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to **ONE** Step 1 Drugs is required

    a. If yes, approve for 12 months
    b. If no, clinical review required

Last Reviewed: 9/24/19, 3/11/20, 5/11/22, 7/12/23, 9/13/23, 9/11/24, 9/10/25
Effective Date: 12/1/19, 1/1/20, 10/15/23

OHSUHealth Services

L-glutamine (Endari)
Step Therapy Guidelines

Affected Medication(s)

- L-glutamine oral powder

Step Therapy Requirements

Step 1 Drug(s):

- Hydroxyurea

Step Therapy Criteria

1. Prescription claims for **ONE** Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)

    a. If yes, approve for 12 months
    b. If no, continue to #2

2. If no claim history of the Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to **ONE** Step 1 Drug is required

    a. If yes, approve for 12 months
    b. If no, clinical review required

Last Reviewed: 1/22/19, 3/11/20, 7/14/21, 7/13/22, 7/12/23, 9/11/24, 9/10/25
Effective Date: 3/1/19, 1/1/20, 1/1/25

OHSU Health Services

Nicotrol Products
Step Therapy Guidelines

Affected Medication(s)

- Nicotrol Nasal Spray

Step Therapy Requirements

Step 1 Drug(s):

- Nicotine Patch
- Nicotine Lozenge
- Nicotine Gum

Step Therapy Criteria

1. Prescription claims for **TWO** Step 1 Drugs within the past 180 days (Note: 30 days of claims history for each Step 1 Drug is required for authorization)
    a. If yes, approve for 12 months
    b. If no, continue to #2

2. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to **TWO** Step 1 Drugs is required
    a. If yes, approve for 12 months
    b. If no, clinical review required

Last Reviewed: 4/2/18, 4/2/19, 3/11/20, 7/14/21, 7/13/22, 7/12/23, 7/10/24, 7/9/25
Effective Date: 2/1/18, 1/1/20, 9/1/24

OHSUHealth Services

Transdermal Testosterone
Step Therapy Guidelines

Affected Medication(s)

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

Step Therapy Requirements

Step 1 Drugs

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

Step Therapy Criteria

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

Last Reviewed: 7/8/20, 9/8/21, 11/9/22, 1/11/23, 1/10/24, 1/8/25, 3/12/25
Effective Date: 9/1/20, 3/15/23, 4/1/25

OHSU Health Services

Trelegy Ellipta
Step Therapy Guidelines

Affected Medication(s)

- Trelegy Ellipta (fluticasone, umeclidinium, vilanterol)

Step Therapy Requirements

Step 1 Drug(s):

- Fluticasone-salmeterol
- Budesonide-formoterol
- Stiolto Respimat

Step Therapy Criteria

1. Prescription claim for **ONE** Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization)

    a. If yes, approve for 12 months
    b. If no, continue to #2

2. If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to **ONE** Step 1 Drugs is required

    a. If yes, approve for 12 months
    b. If no, clinical review required

Last Reviewed: 1/13/21, 1/12/22, 1/11/23, 1/10/24, 1/8/25
Effective Date: 3/1/21