

## Aprepitant Step Therapy Guidelines

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

## Budesonide-Formoterol Step Therapy Guidelines

### Affected Medication(s)

- 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

L-glutamine (Endari)  
Step Therapy Guidelines

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

Nicotrol Products  
Step Therapy Guidelines

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

## 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

## Trelegy Ellipta Step Therapy Guidelines

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

Xarelto (rivaroxaban)  
Step Therapy Guidelines

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