

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 <u>ONE</u> 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 <u>ONE</u> 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)
L-glutamine oral powder
Step Therapy Requirements
Step 1 Drug(s): Hydroxyurea
Step Therapy Criteria
- Prescription claims for ONE Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization) - If yes, approve for 12 months - If no, continue to #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 - If yes, approve for 12 months - If no, clinical review required

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

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 <u>ONE</u> 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 <u>ONE</u> 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)
Trelegy Ellipta (fluticasone, umeclidinium, vilanterol)
Step Therapy Requirements
Step 1 Drug(s): - Fluticasone-salmeterol - Budesonide-formoterol - Stiolto Respimat
Step Therapy Criteria
- Prescription claim for <u>ONE</u> Step 1 Drug(s) within the past 180 days (Note: 90 days of claims history required for authorization) - If yes, approve for 12 months - If no, continue to #2 - If no claim history of Step 1 Drug(s), then documentation of trial, intolerance, or contraindication to <u>ONE</u> Step 1 Drugs is required - If yes, approve for 12 months - If no, clinical review required

Xarelto (rivaroxaban)
Step Therapy Guidelines

Affected Medication(s)
Xarelto (rivaroxaban) tablet
Step Therapy Requirements
Step 1 Drug: Eliquis
Step Therapy Criteria
- Prescription claims for <u>ONE</u> Step 1 drug within the past 180 days (Note: 90 days of claims history for Step 1 Drug is required for authorization) - If yes, approve for 12 months - If no, continue to #2 - If no claim history for a Step 1 drug, then documentation of trial, intolerance, or contraindication to <u>ONE</u> Step 1 drug is required - If yes, approve for 12 months - If no, clinical review required