



A division of Providence Health Assurance

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## PROVIDENCE MEDICARE ADVANTAGE PLANS

2022 STEP THERAPY CRITERIA:

DISCOVER GROUP PLAN + RX (HMO-POS)

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For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 or, for TTY users, 711, seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com).

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## **ANTI-GLAUCOMA AGENTS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RHOPRESSA, ROCKLATAN, VYZULTA

### **CRITERIA**

Documented trial, intolerance, or contraindication to latanoprost

## ANTIDEPRESSANTS STEP THERAPY

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FETZIMA, TRINTELLIX, VIIBRYD

### **CRITERIA**

Documented trial, intolerance, or contraindication to two formulary, generic selective serotonin reuptake inhibitors (SSRIs), or serotonin-norepinephrine reuptake inhibitors (SNRIs) (e.g., citalopram, sertraline, paroxetine, venlafaxine, duloxetine, escitalopram, fluoxetine, desvenlafaxine and fluvoxamine).

## ANTIEPILEPTIC AGENTS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

APTIOM, BRIVIACT 10 MG TABLET, BRIVIACT 10 MG/ML ORAL SOLN, BRIVIACT 100 MG TABLET, BRIVIACT 25 MG TABLET, BRIVIACT 50 MG TABLET, BRIVIACT 75 MG TABLET, FYCOMPA, LACOSAMIDE 100 MG TABLET, LACOSAMIDE 150 MG TABLET, LACOSAMIDE 200 MG TABLET, LACOSAMIDE 50 MG TABLET, RUFINAMIDE, SPRITAM, SYMPAZAN, VIGABATRIN, VIGADRONE, XCOPRI

### **CRITERIA**

Documented trial, intolerance, or contraindication to one of the following formulary generic antiepileptic medications: carbamazepine, clobazam, divalproex sodium, felbamate, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, topiramate, valproic acid, or zonisamide.

## HECTOROL/ZEMPLAR

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAPSULE,  
DOXERCALCIFEROL 2.5 MCG CAP, PARICALCITOL 1 MCG CAPSULE, PARICALCITOL 2 MCG  
CAPSULE, PARICALCITOL 4 MCG CAPSULE

### **CRITERIA**

Documented trial, intolerance, or contraindication to calcitriol

## **NEXIUM PACKET/DEXILANT**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DEXILANT, DEXLANSOPRAZOLE DR, ESOMEPRAZOLE DR 10 MG PACKET, ESOMEPRAZOLE DR 20 MG PACKET, ESOMEPRAZOLE DR 40 MG PACKET, NEXIUM DR 2.5 MG PACKET, NEXIUM DR 5 MG PACKET

### **CRITERIA**

Documented trial, intolerance, or contraindication to two of the following: omeprazole, pantoprazole, esomeprazole capsule, lansoprazole or rabeprazole.

## **NON-PREFERRED SGLT-2 INHIBITORS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FARXIGA, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, XIGDUO XR

### **CRITERIA**

For type 2 diabetes mellitus: History of paid claim for, or documented trial, intolerance, or contraindication to empagliflozin (Jardiance/Synjardy). Step therapy does not apply to the following conditions: 1. Dapagliflozin-containing drugs (Farxiga, Xigduo XR) for one of the following uses: a. Heart failure with reduced ejection fraction (NYHA class II-IV), b. Heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease or multiple cardiovascular risk factors, or c. Heart failure in adults with chronic kidney disease at risk of progression, 2. Canagliflozin-containing drugs (Invokana, Invokamet, and Invokamet XR) for patients with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day.

# ONGENTYS

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ONGENTYS

## **CRITERIA**

Documented trial, intolerance, or contraindication to generic entacapone



# PIMECROLIMUS

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

PIMECROLIMUS

## **CRITERIA**

Documented trial, intolerance, or contraindication to tacrolimus 0.1% ointment or tacrolimus 0.03% ointment.

# SOOLANTRA

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

IVERMECTIN 1% CREAM

## **CRITERIA**

Documented trial, intolerance or contraindication to metronidazole 0.75% topical gel, cream, or lotion

# TESTOSTERONE

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ANDRODERM, TESTOSTERONE 1.62% (2.5 G) PKT, TESTOSTERONE 1.62%(1.25 G) PKT

## **CRITERIA**

Documented trial, intolerance, or contraindication to generic topical testosterone 1% gel

# TRIPTAN

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

ELETRIPTAN HBR, NARATRIPTAN HCL, ZOLMITRIPTAN 2.5 MG TABLET, ZOLMITRIPTAN 5 MG TABLET, ZOLMITRIPTAN ODT

## **CRITERIA**

Documented trial, intolerance, or contraindication to both sumatriptan and rizatriptan