



PROVIDENCE

Medicare Advantage Plans

A division of Providence Health Assurance

PROVIDENCE MEDICARE ADVANTAGE PLANS

2022 STEP THERAPY CRITERIA

Last Updated 12/23/2021

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

MEDICATION(S) SUBJECT TO STEP THERAPY

RHOPRESSA, ROCKLATAN, VYZULTA

CRITERIA

Documented trial, intolerance, or contraindication to latanoprost

ANTIDEPRESSANTS STEP THERAPY

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

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, RUFINAMIDE, SPRITAM, SYMPAZAN, VIGABATRIN, VIGADRONE, VIMPAT 10 MG/ML SOLUTION, VIMPAT 100 MG TABLET, VIMPAT 150 MG TABLET, VIMPAT 200 MG TABLET, VIMPAT 50 MG TABLET, 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.

BYSTOLIC

MEDICATION(S) SUBJECT TO STEP THERAPY

BYSTOLIC

CRITERIA

Documented trial, intolerance, or contraindication to two of the following formulary cardio selective beta-blockers: atenolol, metoprolol succinate, metoprolol tartrate or bisoprolol.

HECTOROL/ZEMPLAR

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

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT, 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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

ONGENTYS

CRITERIA

Documented trial, intolerance, or contraindication to generic entacapone

PIMECROLIMUS

MEDICATION(S) SUBJECT TO STEP THERAPY

PIMECROLIMUS

CRITERIA

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

SOOLANTRA

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

MEDICATION(S) SUBJECT TO STEP THERAPY

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

CRITERIA

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

TRIPTAN

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