Step Therapy Criteria

2024

For information on obtaining an updated coverage determination or an exception to a coverage determination please contact Optimum HealthCare Member Services at 1-866-245-5360 or, for TTY/TDD users 711. Our hours are October 1 to March 31 from 8:00 am to 8:00 pm 7 days a week and April 1 to September 30 from 8:00 am to 8:00 pm Monday through Friday or visit www.youroptimumhealthcare.com.

Last Updated 05/01/2024

Aptiom

Products Affected

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, Topiramate IR/XR, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.

Cycloset

Products Affected

- CYCLOSET TABLET 0.8 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)

MTX

Products Affected

- TREXALL TABLET 10 MG ORAL
- TREXALL TABLET 15 MG ORAL
- TREXALL TABLET 5 MG ORAL
- TREXALL TABLET 7.5 MG ORAL
- XATMEP SOLUTION 2.5 MG/ML ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): methotrexate sodium. Step 2 Drug(s): Trexall (methotrexate), Xatmep (methotrexate).

Nexium Generic - OTC

Products Affected

- *esomeprazole magnesium capsule delayed release 40 mg oral*

Details

Criteria	If the patient has tried TWO Step 1 drug (RX/OTC), then authorization for a Step 2 drug will be covered. Step 1 Drugs (RX/OTC): omeprazole, pantoprazole, lansoprazole, or OTC/RX esomeprazole 20mg. Step 2 Drug (RX): Esomeprazole 40mg. New Starts

NP NSA - OTC

Products Affected

- CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL
- *desloratadine tablet 5 mg oral*
- *desloratadine tablet dispersible 2.5 mg oral*
- *desloratadine tablet dispersible 5 mg oral*

Details

Criteria	If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drugs: (OTC) Cetirizine tab, (RX/OTC) Cetirizine Sol, (OTC) Cetirizine D tab, (OTC) Fexofenadine tab, (OTC) Fexofenadine D tab, (RX) Levocetirizine Sol, (RX/OTC) Levocetirizine tab, (OTC) Loratadine tab/syr, (OTC) Loratadine D tab. Step 2 Drug(s): Clarinex D, desloratadine. For diagnosis of perennial allergic rhinitis, only cetirizine needs to be tried.

ULORIC - B

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Febuxostat. Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.