



## Step Therapy Criteria 2021

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 February 14 from 8:00 am to 8:00 pm 7 days a week and February 15 to September 30 from 8:00 am to 8:00 pm Monday through Friday or visit [www.youoptimumhealthcare.com](http://www.youoptimumhealthcare.com).

Last Updated 01/01/2021

## **APTIOM**

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

APTIOM

### **CRITERIA**

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

## **CYCLOSET**

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

CYCLOSET

### **CRITERIA**

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

## **NEXIUM GENERIC - OTC**

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

ESOMEPRAZOLE MAGNESIUM 40 MG CAP DR

### **CRITERIA**

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

## NP NSA - OTC

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

CLARINEX-D 12 HOUR, DESLORATADINE

### **CRITERIA**

If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug may be given. 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.

## **PERT AGENTS - B**

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

ZENPEP

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Creon. Step 2 Drug(s): Zenpep. New Starts Only

## **ULORIC - B**

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

FEBUXOSTAT

### **CRITERIA**

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