



Step Therapy Criteria 2023

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.youoptimumhealthcare.com.

Last Updated 03/01/2023

APTIOM

MEDICATION(S) SUBJECT TO STEP THERAPY

APTIOM

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

MEDICATION(S) SUBJECT TO STEP THERAPY

CYCLOSET

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)

NEXIUM GENERIC - OTC

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 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

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 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

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT

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.

ZOLPIDEM AGENTS

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TARTRATE 10 MG TAB, ZOLPIDEM TARTRATE 5 MG TAB

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1

Drug(s): ramelteon. Step 2 Drug(s): zolpidem