

Step Therapy Program Precision Formulary

Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Magellan Rx Management will review the most recent 180 days of claim history available. Historical review timeframe may change based on therapy class or client request. (OR)
- Access the appropriate Magellan Rx Management Prior Authorization (PA) form online to begin the Step Therapy process: <https://magellanrx.com/provider/>.

Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

Step Therapy Categories

ACNE: ADOXA

- | | |
|--------|-------------|
| Step 1 | Doxycycline |
| Step 2 | Adoxa |

ANDROGENS: NATESTO

- | | |
|--------|----------|
| Step 1 | Androgel |
| Step 2 | Natesto |

ANTI-DEPRESSANTS: FETZIMA

- | | |
|--------|---------------------|
| Step 1 | Two preferred SNRSs |
| Step 2 | Fetzima |

ANTI-EMETICS: METOZOLV

- | | |
|--------|---------------------------------|
| Step 1 | metoclopramide (Reglan generic) |
| Step 2 | Metozolv ODT |

ANTIFUNGALS: CRESEMBA

- | | |
|--------|--------------|
| Step 1 | voriconazole |
| Step 2 | Cresemba |

BPH: CARDURA XL

- | | |
|--------|--|
| Step 1 | (Flomax) Tamsulosin
---and---
Any ONE of the following:
a. Cardura
b. Hytrin |
| Step 2 | Cardura XL |

BPH: RAPAFLO

- | | |
|--------|--|
| Step 1 | (Flomax) Tamsulosin
---and---
Any ONE of the following:
a. Cardura
b. Hytrin |
| Step 2 | Rapaflo |

BRONCHODILATORS: AEROSPAN

- | | |
|--------|---------------------------------|
| Step 1 | Flovent AND Pulmicort Flexhaler |
| Step 2 | Aerospan |

BRONCHODILATORS: EPINEPHRINE

- | | |
|--------|--------------------|
| Step 1 | Any Epipen product |
| Step 2 | Epinephrine |

CARDIO: AMTURNIDE

- | | |
|--------|--|
| Step 1 | Any ONE of the following:
a. ACE inhibitor
b. ACE inhibitor combination
c. Angiotensin II Receptor Blocker
d. Angiotensin II Receptor Blocker combination
e. Losartan
f. Losartan/HCTZ |
| Step 2 | Tekturna OR Tekturna HCT |
| Step 3 | Amturnide |

CARDIO: COREG CR

- | | |
|--------|---------------------|
| Step 1 | Cavediolol OR Coreg |
| Step 2 | Coreg CR |

CARDIO: CORLANOR

- | | |
|--------|------------------|
| Step 1 | Any Beta Blocker |
| Step 2 | Corlanor |

CARDIO: EXFORGE

- | | |
|--------|--|
| Step 1 | Any ONE of the following :
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ
c. ACE Inhibitor/ Calcium Channel Blocker
d. ARB (Angiotensin Receptor Blocker)
e. ARB/ HCTZ
f. amlodipine/ valsartan |
| Step 2 | Exforge |

CARDIO: EXFORGE HCT

- | | |
|--------|---|
| Step 1 | Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ
c. ACE Inhibitor/ Calcium Channel Blocker
d. ARB (Angiotensin Receptor Blocker)
e. ARB/ HCTZ
f. amlodipine/ valsartan HCT |
| Step 2 | Exforge HCT |

CARDIO: PRESTALIA

Step 1 amlodipine OR perindopril AND tribenzor OR Azor

Step 2 Prestalia

CARDIO: TEKTURNA

Step 1 Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ
c. ACE Inhibitor/ Calcium Channel Blocker
d. ARB (Angiotensin Receptor Blocker)
e. ARB/ HCTZ
f. ARB/CCB
g. ARB/CCB/HCTZ

Step 2 Tekturna

CARDIO: TEKTURNA HCT

Step 1 Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ
c. ACE Inhibitor/ Calcium Channel Blocker
d. ARB (Angiotensin Receptor Blocker)
e. ARB/ HCTZ
f. ARB/CCB
g. ARB/CCB/HCTZ

Step 2 Tekturna HCT

CARDIO: TWYNSTA

Step 1 Any ONE of the following:
a. Azor
b. Exforge/ Exforge HCT

Step 2 Twynsta

CARDIO-ACE/ARB COMBO: EDARBI

Step 1 Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ combination
c. ACE Inhibitor/ Calcium Channel Blocker combination
d. Losartan OR Losartan/HCTZ

Step 2 Edarbi

CARDIO-ACE/ARB COMBO: EDARBYCLOR

Step 1 Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ combination
c. ACE Inhibitor/ Calcium Channel Blocker
d. Losartan OR Losartan/HCTZ

Step 2 TWO of the following:
a. Benicar/ Benicar HCT
b. Diovan/ Diovan HCT
c. Micardis OR Micardis HCT

Step 3 Edarbyclor

CHOLESTEROL: MICARDIS HCT

Step 1 Any ONE of the following:
a. ACE Inhibitor
b. ACE Inhibitor/ HCTZ combination
c. ACE Inhibitor/ Calcium Channel Blocker combination
d. Losartan OR Losartan/HCTZ

Step 2 Micardis HCT

CHOLESTEROL: SIMCOR

Step 1 Any ONE of the following:
a. Any Formulary Statin
b. Advicor
c. Vytorin

Step 2 Simcor

CHOLESTEROL: ZETIA

Step 1 Any statin

Step 2 Zetia

CNS ALZHEIMER'S: NAMENDA XR

Step 1 Namenda

Step 2 Namenda XR

CNS STIMULANTS: ADDERALL XR

For patients 6 years and older.

Step 1 Any TWO formulary CNS stimulants

Step 2 Brand OR Generic Adderall XR

CNS STIMULANTS: ADZENYS XR-ODT

For patients 6 years and older.

Step 1 Any TWO generic CNS stimulants

Step 2 Adzenys XR-ODT

CNS STIMULANTS: CONCERTA

For patients 6 years and older.

Step 1 Any ONE formulary CNS stimulant options

Step 2 Concerta

CNS STIMULANTS: DAYTRANA

For patients 6 years and older.

Step 1 Any ONE formulary CNS stimulant options

CNS STIMULANTS: DESOXYN

For patients 6 years and older.

Step 1 Any TWO formulary CNS stimulant options

Step 2 Desoxyn

CNS STIMULANTS: DYANAVAL XR

For patients 6 years and older.

Step 1 Any TWO generic CNS stimulants

Step 2 Dyanavel XR

CNS STIMULANTS: EVEKEO

Step 1 dextroamphetamine

Step 2 amphetamine salts

Step 3 Evekeo

CNS STIMULANTS: FOCALIN XR

For patients 6 years and older

Step 1 Any ONE formulary CNS stimulant options

Step 2 Focalin XR

CNS STIMULANTS: KAPVAY

For patients 6 years and older

Step 1 Any TWO formulary CNS stimulant options

Step 2 Kapvay

CNS STIMULANTS: METADATE CD

For patients 6 years and older

Step 1 Any ONE formulary CNS stimulant options

Step 2 Metadate CD

CNS STIMULANTS: PROCENTRA

For patients 6 years and older

Step 1 Any TWO formulary CNS stimulant options

Step 2 Procentra

CNS STIMULANTS: QUILLICHEW ER

For patients 6 years and older

Step 1 Any TWO generic CNS stimulants

Step 2 Quillichew ER

CNS STIMULANTS: QUILLIVANT

Step 1 Any TWO formulary CNS stimulant options

Step 2 Quillivant

CNS STIMULANTS: RITALIN LA

For patients 6 years and older

Step 1 Any TWO formulary CNS stimulant options

Step 2 Ritalin LA

DEPRESSION: SAVELLA

Step 1	Any ONE of the following: a. amitriptyline b. cyclobenzaprine c. Cymbalta
Step 2	Savella

DERM: ELIDEL

Fln patients > 2 years of age with:

Step 1	Any medium to very high potency Corticosteroid (topical)
Step 2	tacrolimus
Step 3	Elidel

DERM: FINACEA PLUS (KIT)

Step 1	Finacea Gel (non-kit)
Step 2	Finacea Plus Kit

DERM: PICATO

Step 1	Topical fluorouracil OR imiquimod
Step 2	Picato

DERM: PROTOPIC

In patients > 2 years of age with:

Step 1	Any medium to very high potency Corticosteroid (topical)
Step 2	tacrolimus
Step 3	Protopic

DERM: TOLAK

Step 1	Trial and failure two preferred formulary alternatives including of generic lower strength fluorouracil (0.5%, 2%), Carac, OR Fluoroplex
Step 2	Tolak (fluorouracil 4%)

DIABETES: INVOKANA

Step 1	Metformin AND one of the following: sulfonylurea, pioglitazone, DPP4, GLP, or insulin
Step 2	Invokana

DIABETES: JANUMET XR

Step 1	Any ONE of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Janumet
Step 3	Janumet XR

DIABETES: JARDIANCE

Step 1	Any ONE of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Invokana
Step 3	Jardiance

DIABETES: JENTADUETO

Step 1	Any one of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Jentaduetto

DIABETES: KOMBIGLYZE

Step 1	Any one of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Jentaduetto
Step 3	Kombiglyze

DIABETES: PRECOSE

Step 1	Metformin
Step 2	Precose/Acarbose

DIABETES: STARLIX

Step 1	Metformin
Step 2	Starlix OR Nateglinide

DIABETES: TOUJEO

Step 1	Lantus --and-- Levemir
Step 2	Toujeo

DIABETES: TRESIBA

Step 1	Lantus
Step 2	Tresiba

DIABETES (METERS and TEST STRIPS): BAYER

Step 1	One Touch
Step 2	Bayer

DIABETES (METERS and TEST STRIPS): FREESTYLE

Step 1	One Touch
Step 2	Freestyle

DIABETES (METERS and TEST STRIPS): GLUCOCARD

Step 1	One Touch
Step 2	Glucocard

DIABETES (METERS and TEST STRIPS): PRECISION

Step 1	One Touch
Step 2	Precision

DIABETES (METERS and TEST STRIPS): PRODIGY

Step 1	One Touch
Step 2	Prodigy

DIABETES (METERS and TEST STRIPS): TRUERESULT

Step 1	One Touch
Step 2	Trueresult

DIABETES (METERS and TEST STRIPS): TRUETRACK

Step 1	One Touch
Step 2	TrueTRACK

EPILEPSY: GRALISE

Step 1	Gabapentin
Step 2	Gralise

GI (IBS): AMITIZA

For patients ≥ than 18 years old

Step 1	Polyethylene glycol OR lactulose
Step 2	Amitiza

GI (IBS): LINZESS

For patients ≥ than 18 years old

Step 1	Polyethylene glycol OR lactulose
Step 2	Linzess

GOUT: MITIGARE

Step 1	Colcrys
Step 2	Mitigare

GOUT: ULORIC

Step 1	allopurinol
Step 2	Uloric

MIGRAINE: ONZETRA XSAIL

Step 1	Trial and failure of two preferred serotonin 5HT1 Agonists
Step 2	Treximet

MIGRAINE: TREXIMET

Step 1	Sumatriptan
Step 2	Treximet

MIGRAINE: ZEMBRACE SYMTOUCH

Step 1	Trial and failure of two preferred serotonin 5HT1 Agonists
Step 2	Zembrace

OPHTHALMIC: LASTACAFT

Step 1 Patanol OR Pataday OR Optivar

Step 2 Lastacaft

OSTEOPOROSIS: ATELVIA

Step 1 alendronate OR alendronate soln

Step 2 Atelvia

PAIN: OPANA ER

Step 1 Oxymorphone ER OR Oxycodone ER
OR Morphine ER sulfate OR
Hydromorphone ER

Step 2 Opana ER

PAIN: OXYCONTIN

Step 1 Any ONE of the following:
a. Morphine Sulfate SR
b. MS Contin
c. Oramorph SR

Step 2 Oxycotin

PAIN: NUCYNTA

Step 1 Generic Ultram (tramadol) OR
generic Ultracet (tramadol/acetaminophen)
--and--

Step 2 oxycodone immediate-release (e.g.,
OxyIR) OR morphine immediate-release
(e.g. MSIR)
or Dilaudid (hydromorphone
immediate-release)

Step 3 Nucynta

PARKINSON'S DISEASE/RESTLESS LEG SYNDROME: MIRAPEX ER

Step 1 ropinorole OR pramipexole

Step 2 Mirapex ER

PARKINSON'S DISEASE/ RESTLESS LEG SYNDROME: REQUIP XL (ROPINIROLE XL)

Step 1 ropinorole OR pramipexole

Step 2 Requip XL (Ropinirole XL)

PPI: ACIPHEX

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid, OTC Zegerid

Step 2 Aciphex

PPI: DEXILANT

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Dexilant

PPI: NEXIUM

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Nexium

PPI: PREVACID

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Prevacid

PPI: PREVACID STB

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Prevacid STB

PPI: PRILOSEC

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Prilosec

PPI: PROTONIX

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC Omeprazole,
OTC Prilosec, OTC Prevacid,
OTC Zegerid

Step 2 Protonix

PPI: ZEGERID (OMEPRAZOLE - BICARBONATE)

Step 1 Pantoprazole OR Lansoprazole (rx)
--and--
Omeprazole (rx), OR OTC
Omeprazole, OTC Prilosec,
OTC Prevacid, OTC Zegerid

Step 2 Zegerid (Omeprazole - Bicarbonate)

PSYCH: ARICEPT 23MG

Step 1 At least 10 mg of Aricept/Aricept
ODT (generic)
*Note: At least 10 mg of Aricept/
Aricept ODT (brand) will also meet
ST1 requirement*

Step 2 Aricept 23 mg

PSYCH: FANAPT

Step 1 TWO of the following:
a. olanzapine
b. quetiapine
c. risperidone/risperidone ODT
d. Seroquel XR
e. Abilify

Step 2 Fanapt

PSYCH: FETZIMA

Step 1 Two preferred SNRI

Step 2 Fetzima

PSYCH: GEODON (ZIPRASIDONE)

Step 1 TWO of the following:
a. olanzapine
b. quetiapine
c. risperidone/risperidone ODT
d. Seroquel XR
e. Abilify

Step 2 Geodon (Ziprasidone)

PSYCH: INVEGA

Step 1 TWO of the following:
a. olanzapine
b. quetiapine
c. risperidone/risperidone ODT
d. Seroquel XsR
e. Abilify

Step 2 Invega

PSYCH: INVEGA SUST

Step 1 TWO of the following:
a. Olanzapine
b. Quetiapine
c. risperidone/risperidone ODT
d. Seroquel XR
e. Abilify

Step 2 Invega Sust

PSYCH: SAPHRIS

Step 1 TWO of the following:
a. olanzapine
b. quetiapine
c. risperidone/risperidone ODT
d. Seroquel XR
e. Abilify

Step 2 Saphris

PSYCH: TRINTELLIX

Step 1 Two preferred SSRI, SNRI,
bupropion, mirtazapine

Step 2 Trintellix

RESPIRATORY: ARCAPTA

Step 1 Any ONE of the following:
a. Inhaled corticosteroid
b. Anticholinergic
c. Theophylline

Step 2 Foradil AND Serevent

Step 3 Arcapta

RESPIRATORY: FORADIL

Step 1 For management of asthma or
COPD with ONE of the following:
a. Inhaled corticosteroid
b. Anticholinergic
c. Theophylline

Step 2 Foradil

RESPIRATORY: STIOLTO RESPIMAT

- | | |
|--------|------------------|
| Step 1 | Spiriva |
| Step 2 | Stiolto Respimat |

RESPIRATORY: STRIVERDI RESPIMAT

- | | |
|--------|--------------------|
| Step 1 | Serevent |
| Step 2 | Foradil |
| Step 3 | Striverdi Respimat |

SLEEP: BELSOMRA

- | | |
|--------|-------------------------------------|
| Step 1 | zolpidem OR zaleplon OR eszopiclone |
| Step 2 | Belsomra |

SLEEP: EDLUAR SUB

- | | |
|--------|--------------------|
| Step 1 | Zolpidem OR Ambien |
| Step 2 | Edluar |

SLEEP: AMBIEN

- | | |
|--------|--|
| Step 1 | eszopiclone
---and---
(generic) zolpidem OR zaleplon |
| Step 2 | Ambien |

SLEEP: AMBIEN CR

- | | |
|--------|--|
| Step 1 | eszopiclone
---and---
(generic) zolpidem OR zaleplon |
| Step 2 | Ambien CR |

SLEEP: INTERMEZZO SUB

- | | |
|--------|--------------------|
| Step 1 | Zolpidem OR Ambien |
| Step 2 | Edluar |

SLEEP: LUNESTA

- | | |
|--------|--------------------------------|
| Step 1 | (generic) zolpidem OR zaleplon |
| Step 2 | Lunesta |

SLEEP: ROZEREM

- | | |
|--------|--|
| Step 1 | eszopiclone
---and---
(generic) zolpidem OR zaleplon |
| Step 2 | Rozerem |

SLEEP: SONATA

- | | |
|--------|--|
| Step 1 | eszopiclone
---and---
(generic) zolpidem OR zaleplon |
| Step 2 | Sonata |

UROLOGICS: MYRBETRIQ

- | | |
|--------|---|
| Step 1 | Any TWO of the following:
oxybutynin IR/ER, tolterodine IR/ER,
Gelnique, Vesicare |
| Step 2 | Myrbetriq |