

## **PNR ANTIDEP AUVELITY**

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

AUVELITY

### **CRITERIA**

Must try two generic antidepressant agents (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

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

CYMBALTA

### **CRITERIA**

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

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

DRIZALMA SPRINKLE

### **CRITERIA**

Must try a generic antidepressant agent (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone), generic amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, acetaminophen, oral NSAID, or topical NSAID

## **PNR ANTIDEPRESS**

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

APLENZIN, BUPROPION HCL XL 450 MG TABLET, CELEXA, CITALOPRAM HBR 30 MG CAPSULE, DESVENLAFAXINE ER, EFFEXOR XR, ESCITALOPRAM 15 MG CAPSULE, FETZIMA, FLUOXETINE DR, FLUOXETINE HCL 60 MG TABLET, FORFIVO XL, LEXAPRO, PAROXETINE HCL 10 MG/5 ML SUSP, PAXIL, PAXIL CR, PRISTIQ, PROZAC, REMERON, SERTRALINE 150 MG CAPSULE, SERTRALINE 200 MG CAPSULE, TRINTELLIX, VENLAFAXINE BESYLATE ER, VIIBRYD, WELLBUTRIN SR, WELLBUTRIN XL, ZOLOFT

### **CRITERIA**

Must try a generic antidepressant agent (i.e. SSRI, SNRI, bupropion, mirtazapine, vilazodone)

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

DEXCOM G6 RECEIVER, DEXCOM G6 SENSOR, DEXCOM G6 TRANSMITTER, DEXCOM G7 15 DAY SENSOR, DEXCOM G7 RECEIVER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 14 DAY READER, FREESTYLE LIBRE 14 DAY SENSOR, FREESTYLE LIBRE 2 PLUS SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 PLUS SENSOR, FREESTYLE LIBRE 3 READER, FREESTYLE LIBRE 3 SENSOR

### **CRITERIA**

Must try an insulin-containing agent

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

GABAPENTIN ER, GRALISE ER 300 MG TABLET, GRALISE ER 450 MG TABLET, GRALISE ER 600 MG TABLET, GRALISE ER 750 MG TABLET, GRALISE ER 900 MG TABLET, HORIZANT

**CRITERIA**

Must try immediate-release gabapentin

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

KERENDIA

**CRITERIA**

Must try one product containing a SGLT2

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

CRINONE 4% GEL

### **CRITERIA**

Must try one of the following: generic micronized progesterone, generic progesterone in oil, generic medroxyprogesterone acetate, combination or progesterone-only oral contraceptive, norethindrone, vaginal contraceptive, or contraceptive patch

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

CRINONE 8% GEL

**CRITERIA**

Must try Endometrin

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

ABILIFY MYCITE

**CRITERIA**

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

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

SEROQUEL XR 150 MG TABLET, SEROQUEL XR 200 MG TABLET, SEROQUEL XR 300 MG TABLET, SEROQUEL XR 400 MG TABLET, SEROQUEL XR 50 MG TABLET

**CRITERIA**

Must try a generic atypical antipsychotic or a generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

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

ZYPREXA 10 MG TABLET, ZYPREXA 15 MG TABLET, ZYPREXA 2.5 MG TABLET, ZYPREXA 20 MG TABLET, ZYPREXA 5 MG TABLET, ZYPREXA 7.5 MG TABLET, ZYPREXA ZYDIS

**CRITERIA**

Must try a generic atypical antipsychotic or generic fluoxetine

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

INVEGA

**CRITERIA**

Must try a generic atypical antipsychotic

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

RISPERDAL, RISPERIDONE 0.25 MG ODT

**CRITERIA**

Must try a generic atypical antipsychotic

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

CLOZARIL, COBENFY, COBENFY STARTER PACK, FANAPT, GEODON 20 MG CAPSULE, GEODON 40 MG CAPSULE, GEODON 60 MG CAPSULE, GEODON 80 MG CAPSULE, LATUDA, LYBALVI, QUETIAPINE 150 MG TABLET, SAPHRIS, SECUADO, SEROQUEL, VERSACLOZ

**CRITERIA**

Must try a generic atypical antipsychotic

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

ABILIFY, OPIPZA

**CRITERIA**

Must try a generic atypical antipsychotic, generic haloperidol, pimozide, or generic antidepressant (i.e., SSRI, SNRI, bupropion, mirtazapine, vilazodone)

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

AURYXIA

### **CRITERIA**

Must try one of the following: generic iron supplement, calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl; AND ferric citrate

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

ALOGLIPTIN, ALOGLIPTIN-METFORMIN, ALOGLIPTIN-PIOGLITAZONE, BRYNOVIN, JENTADUETO, JENTADUETO XR, KAZANO, NESINA, OSENI, SITAGLIPTIN, SITAGLIPTIN-METFORMIN, SITAGLIPTIN-METFORMIN ER, TRADJENTA, ZITUVIMET, ZITUVIMET XR, ZITUVIO

**CRITERIA**

Must try Januvia, Janumet, or Janumet XR

## **RB FERRIC CITRATE**

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

FERRIC CITRATE

### **CRITERIA**

Must try one of the following: generic iron supplement, calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl

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

LYRICA CR

**CRITERIA**

Must try generic pregabalin extended release AND generic pregabalin immediate release

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

ALVESCO, FLUTICASONE FUROATE, FLUTICASONE PROP 100MCG DISKUS, FLUTICASONE PROP 250 MCG DISK, FLUTICASONE PROP 50 MCG DISKUS, FLUTICASONE PROPIONATE HFA

### **CRITERIA**

Must try Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, or Qvar HFA

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

ADVAIR DISKUS

**CRITERIA**

Must try generic fluticasone propionate-salmeterol aerosol powder

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

ANAPROX DS, ARTHROTEC 50, ARTHROTEC 75, CAMBIA, CELEBREX, COMBOGESIC, COXANTO, DAYPRO, DICLOFENAC, DOLOBID, EC-NAPROSYN, FELDENE, FENOPROFEN 200 MG CAPSULE, FENOPROFEN 400 MG CAPSULE, FENOPROFEN 600 MG TABLET, FENOPRON, FLURBIPROFEN 100 MG TABLET, IBUPROFEN 300 MG TABLET, INDOCIN 25 MG/5 ML SUSPENSION, KETOPROFEN 25 MG CAPSULE, KETOPROFEN 50 MG CAPSULE, KETOPROFEN 75 MG CAPSULE, KETOPROFEN ER 200 MG CAPSULE, KIPROFEN, LODINE, LURBIPR, LURBIRO, MECLOFENAMATE 100 MG CAPSULE, MECLOFENAMATE 50 MG CAPSULE, MELOXICAM 7.5 MG/5 ML SUSP, NALFON, NAPRELAN, NAPROSYN, ORUDIS, OXAPROZIN 300 MG CAPSULE, RELAFEN DS, TOLECTIN 600, TOLECTIN DS, TOLMETIN SODIUM 400 MG CAP, TOLMETIN SODIUM 600 MG TAB, VIVLODEX, ZIPSOR, ZORVOLEX, ZYBIC

### **CRITERIA**

Must try two prescription strength generic oral NSAIDs

## **RB PANCREATIC ENZ**

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

PANCREAZE, PERTZYE, VIOKACE

### **CRITERIA**

Must try both Creon and Zenpep

## **RB PENICILLAMINE**

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

CUPRIMINE, DEPEN, PENICILLAMINE 250 MG CAPSULE

### **CRITERIA**

Must try generic penicillamine tablets

## **RB PHOSPHATE BINDER**

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

FOSRENOL, RENVELA, VELPHORO

### **CRITERIA**

Must try one of the following: calcium carbonate, calcium acetate, calcium with magnesium, lanthanum carbonate, sevelamer carbonate, or sevelamer HCl; AND ferric citrate

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

ADAPALENE 0.1% SOLUTION, ADAPALENE 0.1% SWAB

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID AKLIEF2**

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

AKLIEF

### **CRITERIA**

Must try a generic topical retinoid

## RB RETINOID ALTERNO2

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

ALTRENO

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID ARAZLO**

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

ARAZLO

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID ATRALIN2**

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

ATRALIN, RETIN-A 0.025% CREAM, RETIN-A 0.05% CREAM, RETIN-A 0.1% CREAM

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID DIFFERN2**

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

DIFFERIN 0.1% CREAM, DIFFERIN 0.1% LOTION, DIFFERIN 0.3% GEL PUMP

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID EPIDUO**

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

EPIDUO, EPIDUO FORTE

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID FABIOR2**

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

FABIOR, TAZAROTENE 0.1% FOAM

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID RETIN-A2**

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

RETIN-A 0.01% GEL, RETIN-A 0.025% GEL, RETIN-A MICRO, RETIN-A MICRO PUMP, TRETINOIN GEL MICRO 0.04% PUMP, TRETINOIN GEL MICRO 0.04% TUBE, TRETINOIN GEL MICRO 0.1% PUMP, TRETINOIN GEL MICRO 0.1% TUBE

### **CRITERIA**

Must try a generic topical retinoid

## RB RETINOID TAZORAC2

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

TAZORAC 0.05% GEL, TAZORAC 0.1% CREAM, TAZORAC 0.1% GEL

### **CRITERIA**

Must try a generic topical retinoid

## **RB RETINOID TWYNEO**

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

TWYNEO

### **CRITERIA**

Must try a generic topical retinoid

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

BRENZAVVY, INPEFA, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO

### **CRITERIA**

Must try one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR; AND one of the following: Farxiga, Xigduo

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

QTERN, STEGLUJAN

**CRITERIA**

Must try Glyxambi or Trijardy XR

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

ALTOPREV, ATORVALIQ, CRESTOR, EZALLOR SPRINKLE, FLOLIPID, LESCOL XL, LIPITOR, LIVALO, ROSUVASTATIN-EZETIMIBE, ROSZET, VYTORIN, ZOCOR, ZYPITAMAG

### **CRITERIA**

Must try a generic statin or a statin combination

## RB TEST STRIP

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

ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, ACCU-CHEK SMARTVIEW TEST STRIP, ACCUTREND GLUCOSE TEST STRIP, ADVANCED GLUCOSE TEST STRIP, ADVANCED GLUCOSE TEST STRIPS, ADVOCATE REDI-CODE+, AGAMATRIX AMP TEST STRIPS, AGAMATRIX JAZZ TEST STRIP, AGAMATRIX PRESTO TEST STRIPS, ASSURE 4 TEST STRIPS, ASSURE PLATINUM TEST STRIPS, ASSURE PLATINUM TEST STRIP, ASSURE PRISM MULTI TEST STRIPS, BLOOD GLUCOSE TEST STRIP, BLULINK GLUCOSE TEST STRIP, CARESENS N TEST STRIPS, CARESENS S TEST STRIP, CARETOUCH TEST STRIP, CLEVER CHOICE MICRO TEST STRIP, CLEVER CHOICE PRO TEST STRIP, CLEVER CHOICE TALK TEST STRIPS, CLEVER CHOICE TEST STRIPS, CLEVER CHOICE VOICE+ TST STRIP, DIATRUE PLUS TEST STRIP, EASY PLUS II TEST STRIP, EASY STEP GLUCOSE TEST STRIPS, EASY TALK GLUCOSE TEST STRIP, EASY TALK PLUS II TEST STRIP, EASY TOUCH BLULINK TEST STRIP, EASY TOUCH TEST STRIP, EASY TRAK GLUCOSE TEST STRIP, EASY TRAK II TEST STRIP, EASYGLUCO TEST STRIPS, EASYMAX GLUCOSE TEST STRIPS, EASYMAX 15 GLUCOSE TEST STRIP, ELEMENT COMPACT TEST STRIPS, ELEMENT TEST STRIPS, EMBRACE GLUCOSE TEST STRIPS, EMBRACE TEST STRIPS, EMBRACE EVO TEST STRIPS, EMBRACE PRO TEST STRIP, EMBRACE TALK TEST STRIP, EMBRACE WAVE GLUCOSE TEST STRP, EVENCARE GLUCOSE TST STRIPS, EVENCARE G2 TEST STRIP, EVENCARE G3 TEST STRIP, EVENCARE MINI GLUCOSE TEST STR, EVENCARE PROVIEW TEST STRIP, EVOLUTION TEST STRIPS, FORA 6 CONNECT GLUCOSE STRIP, FORA 6CONN-GTEL-TN'G ADV STRIP, FORA D15G, FORA D20 GLUCOSE TEST STRIPS, FORA D40-G31 TEST STRIPS, FORA G20 GLUCOSE TEST STRIPS, FORA G30-PREMIUM V10 TEST STRP, FORA GD50 TEST STRIPS, FORA GTEL GLUCOSE TEST STRIP, FORA TEST STRIP, FORA TN'G ADVAN PRO TEST STRIP, FORA TN'G VOICE TEST STRIPS, FORA V10 GLUCOSE TEST STRIP, FORA V10-V12-D10-D20 STRIPS, FORA V12 GLUCOSE TEST STRIP, FORA V20 GLUCOSE TEST STRIPS, FORA V30A GLUCOSE TEST STRIP, FORACARE GD20 TEST STRIPS, FORACARE GD40, GE100 BLOOD GLUCOSE TEST STRIP, GE333 BLOOD GLUCOSE TEST STRIP, GLUCO NAVII GLUCOSE TEST STRIP, GLUCOCARD 01 SENSOR PLUS, GLUCOCARD EXPRESSION TEST STRP, GLUCOCARD SHINE TEST STRIPS, GLUCOCARD VITAL TEST STRIPS, GLUCOCARD VITAL SENSOR, GLUCOCOM GLUCOSE, GLUCOSE TEST STRIP, GOJJI BLOOD GLUCOSE TEST STRIP, GOJJI LANCET-GLUCOSE TEST STRP, HARMONY GLUCOSE TEST STRIP, HEALTHPRO GLUCOSE TEST STRIPS, IHEALTH GLUCOSE TEST STRIP, INFINITY TEST STRIPS, MICRO, MICRODOT TEST STRIPS, MICRODOT XTRA, MYGLUCOHEALTH TEST STRIPS, NEUTEK 2TEK TEST STRIPS, NOVA MAX GLUCOSE TEST STRIPS, ON CALL EXPRESS TEST STRIP, ONETOUCH ULTRA TEST STRIP, ONETOUCH VERIO TEST STRIP, PHARMACIST CHOICE TEST STRIPS, PIP BLOOD GLUCOSE TEST STRIP, PLATINUM TEST STRIP, POGO AUTOMATIC TEST CARTRIDGE, PREMIER TEST STRIP, PREMIUM BLOOD GLUCOSE TEST, PREMIUM V10 GLUCOSE TEST STRIP, PRO VOICE V8-V9 TEST STRIP, PRODIGY NO CODING, QUINTET GLUCOSE TEST STRIP, PRO VOICE V8-V9 TEST STRIP, QUINTET GLUCOSE TEST STRIP

STRIPS, QUINTET AC GLUCOSE TEST STRIPS, REFUAH PLUS TEST STRIPS, RELION CONFIRM-MICRO, RELION PRIME TEST STRIPS, RIGHTEST GS100 TEST STRIP, RIGHTEST GS300 TEST STRIP, RIGHTEST GS550 TEST STRIP, RIGHTEST GT333 TEST STRIP, SMART SENSE TEST STRIPS, SMARTTEST TEST, SOLUS V2 TEST STRIPS, SURE-TEST EASYPLUS MINI STRIP, TD GOLD LEVEL 2 CONTROL SOL, TELCARE TEST STRIPS, TEST N'GO GLUCOSE TEST STRIP, TEST STRIPS, TRUE METRIX GLUCOSE TEST STRIP, TRUETEST TEST STRIPS, TRUETRACK TEST STRIP, RELION ULTIMA TEST STRIPS, UNISTRIP1, VIVAGUARD INO TEST STRIP

**CRITERIA**

Must try any preferred Ascensia or Abbott product (Contour, Freestyle)

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

ACANYA, ACZONE, AMZEEQ, AZELEX, BENZAMYCIN, CABTREO, CLEOCIN T, CLINDAGEL, EPSOLAY, ERY, ERYGEL, ERYTHROMYCIN 2% GEL, FINACEA, KLARON, METROCREAM, METROGEL, METROLOTION, NORITATE, ONEXTON GEL PUMP, ZIANA, ZILXI

### **CRITERIA**

Must try two preferred topical antibiotic products (i.e., topical generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide and combinations, azelaic acid gel)

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

ELIDEL, PIMECROLIMUS

### **CRITERIA**

Must try a topical corticosteroid or a topical corticosteroid combination preparation

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

EUCRISA

### **CRITERIA**

Must try a topical corticosteroid or a topical corticosteroid combination preparation

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

TACROLIMUS 0.03% OINTMENT, TACROLIMUS 0.1% OINTMENT

### **CRITERIA**

Must try a topical corticosteroid or a topical corticosteroid combination preparation

## **RBD FIBRMYGIA LYRICA**

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

LYRICA, PREGABALIN ER

### **CRITERIA**

Must try generic immediate release pregabalin

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

SAVELLA

### **CRITERIA**

Must try generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, tramadol, cyclobenzaprine, or pregabalin

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

SYMBRAVO

### **CRITERIA**

Must try generic rizatriptan in combination with meloxicam, AND a second generic triptan (eletriptan, naratriptan, sumatriptan, or zolmitriptan) in combination with meloxicam

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

ALMOTRIPTAN MALATE, FROVA, FROVATRIPTAN SUCCINATE, IMITREX, MAXALT, MAXALT MLT, ONZETRA XSAIL, RELPAX, SUMATRIPTAN SUCC-NAPROXEN SOD, SUMATRIPTAN 4 MG/0.5 ML CART, SUMATRIPTAN 6 MG/0.5 ML CART, TOSYMRA, TREXIMET, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN 2.5MG NASAL SPRAY, ZOLMITRIPTAN 5 MG NASAL SPRAY, ZOMIG

### **CRITERIA**

Must try a generic triptan (eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)

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

DETROL, DETROL LA, GEMTESA, MYRBETRIQ, TOVIAZ, VESICARE, VESICARE LS

### **CRITERIA**

Must try a generic urinary incontinence agent

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

OXYTROL

**CRITERIA**

Must try a generic urinary incontinence agent

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

EDLUAR

**CRITERIA**

Must try a generic non-benzodiazepine hypnotic agent

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

AMBIEN, AMBIEN CR, BELSOMRA, DAYVIGO, LUNESTA, QUVIVIQ, ROZEREM, SILENOR,  
ZOLPIDEM TARTRATE 7.5 MG CAP

**CRITERIA**

Must try a generic non-benzodiazepine hypnotic agent

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

ZOLPIDEM TART 1.75 MG TAB SL, ZOLPIDEM TART 3.5 MG TABLET SL

**CRITERIA**

Must try a generic non-benzodiazepine hypnotic agent

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

ACIPHEX, ACIPHEX SPRINKLE, RABEPRAZOLE DR 10 MG SPRNKL CP

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

DEXILANT

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

PREVACID

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

NEXIUM

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

PRILOSEC

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

PROTONIX

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

VOQUEZNA

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole

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

KONVOMEF, ZEGERID

### **CRITERIA**

Must try an oral formulation of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, or rabeprazole