

Paramount Commercial Step Therapy Criteria for non-specialty medications **Commercial Select, Advanced Select, and Core**

**** PLEASE NOTE: FOR STEP THERAPY EXCEPTION REQUESTS CLINICAL NOTES ARE REQUIRED IF CLAIMS HISTORY DOES NOT SUPPORT TRIALS OR REQUEST IS FOR CONTINUATION OF CARE FOR A MEDICATION APPROVED BY ANOTHER HEALTH PLAN AND SWITCHING IS NOT APPROPRIATE; IF DRUG REQUESTED IS NON-FORMULARY, STEP THERAPY REGULATIONS RELATED TO CONTINUATION OF CARE DO NOT APPLY

**** FOR REQUESTS FOR NON-FORMULARY DRUGS PLEASE REFER TO THE PREFERRED DRUG LIST OR FORMULARY DRUG LIST FOR COVERAGE OF ALTERNATIVE PRODUCTS:

<https://www.paramounthealthcare.com/providers/prescription-drugs/preferred-and-preventative-drugs>

Drug class/name of impacted drugs	Step Requirement
Calcineuron inhibitors, atopic dermatitis or other dermatologic conditions: Tacrolimus 0.1% & 0.03% oint., pimecrolimus 1% cream	<p>Trial and failure of 1 medium potency or higher topical steroid in past year (mild potency such as alclometasone 0.05% , desonide 0.05%, fluocinolone 0.01%, and hydrocortisone 1% & 2.5% do not count toward meeting this step)</p> <p>medium potency: fluticasone 0.05% cream, fluticasone 0.005% ointment, HC butyrate 0.1% solution, mometasone 0.1% cream/ointment/lotion, triamcinolone 0.025% or 0.1% cream/ointment/lotion, triamcinolone 0.5% cream, betamethasone dip 0.05% cream/lotion, betamethasone valerate 0.1% cream/oint, fluocinolone 0.025% cream/oint</p> <p>high potency: betamethasone dip 0.05% augmented cream, fluocinonide 0.05% cream/ointment/gel/solution, triamcinolone 0.5% ointment, betamethasone dip 0.05% augmented lotion, desoximetasone 0.25% cream</p> <p>very high potency: betamethasone dip 0.05% augmented oint, clobetasol 0.05% cream/ointment/solution/shampoo/gel, halobetasol 0.05% cream/ointment, fluocinonide 0.1% cream</p>
Head lice: Sklice lotion, lindane shampoo, Xeglyze	<p>Trial and failure of a 30 days supply of one step 1 medication prior to step 2. Step 3 requires trial and failure of ALL step 1 and step 2 meds.</p> <p>Step 1: spinosad suspension (≥ 6 mo. old), malathion lotion (≥ 6 yrs old)</p> <p>Step 2: Sklice lotion (≥ 6 mo. old), Xeglyze (≥ 6 mo. old)</p> <p>Step 3: lindane shampoo (not recommended by AAP)</p>
Nasal steroids: rhinocort allergy (OTC budesonide), Nasal Allergy (OTC triamcinolone),	<p>Trial and failure of fluticasone nasal spray and then both step 2 medications prior to step 3 medications</p> <p>Step 1: fluticasone (generic Flonase)</p> <p>Step 2: (1) Rhinocort Allergy (OTC budesonide) (≥6 years old), (2) Nasal Allergy, Nasacort Allergy, Nasacort Allergy Childrens (OTC</p>

Nasacort Allergy (& childrens) (OTC triamcinolone), flunisolide, Beconase AQ, Qnasl, Qnasl childrens, Omnaris, Zetonna, mometasone	triamcinolone) (≥2 years old) Step 3: flunisolide (≥6yo), Beconase AQ, Qnasl, Qnasl childrens (beclomethasone) (≥4 yo), Omnaris, Zetonna (ciclesonide)(≥6yo), Mometasone(≥2yo)
Pregabalin (brand Lyrica is non-formulary)	Step therapy is different depending on intended use. A 30 day trial and failure in the past year is required. Anxiety: 30 day trial and failure of 2 step 1 medications required: SSRIs, SNRIs, buspirone, mirtazapine Neuropathic pain and fibromyalgia: a 30 day trial and failure of gabapentin at maximum tolerated dose
Smoking cessation: Nicotrol inhaler and nasal spray, Chantix/varenicline	Trial and failure of a 30 days supply of one step 1 medication in the past year: any generic nicotine product, bupropion
Triptans: Onzetra, zolmitriptan nasal, frovatriptan	trial and failure of a 30 days supply of 3 step 1 medications Step 1: sumatriptan oral, nasal, injectable; zolmitriptan oral, ODT; rizatriptan oral, ODT; naratriptan; eletriptan; almotriptan [Triptans and triptan combinations not listed are non-formulary and ALL formulary alternatives must be tried first (ex. Sumavel, Zembrace, Zecuity, Treximet & generic)]
Phosphate binders / phosphate lowering agents: Auryxia, Velphoro, Xphozah, lanthanum	Lanthanum: requires trial and failure of 30 days in the past 120 days of either calcium acetate or sevelamer Auryxia, Velphoro, Xphozah: 30 days in past 365 days of 2 generic phosphate binders (calcium acetate 667mg, sevelamer carbonate, lanthanum)