Providence
Medicare Advantage Plans

PROVIDENCE MEDICARE ADVANTAGE PLANS

2026 PART D STEP THERAPY CRITERIA:

PHIP ALIGN GROUP PLAN + RX (HMO) AND FLEX GROUP PLAN + RX (HMO-POS) PLANS

If you have any questions, please call Providence Medicare Advantage Plans at 503-574-8000 or 1-800-603-2340. TTY users should call 711. We are open seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). Between April 1st and September 30th, we are closed Saturdays and Sundays, or visit ProvidenceHealthAssurance.com/PHIP.

H9047_2026RX_PHA1760_C

ANTIDEPRESSANTS

Products Affected

- Auvelity 30 mg-105 mg/45 mg-105 mg oral tablet, IR ER, dose pack
- Auvelity 45 mg-105 mg tablet, extended release
- Exxua 18.2 mg (32 tabs) tablet, ER 24 hr dose pack
- Exxua 18.2 mg tablet,extended release
- Exxua 36.3 mg tablet,extended release
- Exxua 54.5 mg tablet,extended release
- Exxua 72.6 mg tablet,extended release
- Fetzima 120 mg capsule,extended release
- Fetzima 20 mg (2)-40 mg (26) capsule,extended release,24 hr,dose pack
- Fetzima 20 mg capsule,extended release
- Fetzima 40 mg capsule,extended release
- Fetzima 80 mg capsule,extended release
- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet

Details

Criteria	One of the following: 1) History of paid claims or documented trial (totaling at least two months of therapy) of two different generic selective serotonin reuptake inhibitors (SSRIs), or serotonin-norepinephrine reuptake inhibitors (SNRIs) or 2) Documented intolerance/contraindication to all formulary generic SSRIs/SNRIs (such as citalopram, sertraline, paroxetine, venlafaxine, duloxetine, escitalopram, fluoxetine, desvenlafaxine and fluvoxamine) or 3) Diagnosis of Alzheimer's dementia with signs and symptoms of agitation (such as excessive motor activity, verbal and/or physical aggression)

ANTIEPILEPTIC AGENTS

Products Affected

- eslicarbazepine 200 mg tablet
- eslicarbazepine 400 mg tablet
- eslicarbazepine 600 mg tablet
- eslicarbazepine 800 mg tablet
- levetiracetam 250 mg tablet for oral suspension
- levetiracetam 500 mg tablet for oral suspension
- perampanel 0.5 mg/mL oral suspension
- perampanel 10 mg tablet
- perampanel 12 mg tablet
- perampanel 2 mg tablet
- perampanel 4 mg tablet
- perampanel 6 mg tablet
- perampanel 8 mg tablet
- rufinamide 200 mg tablet
- rufinamide 40 mg/mL oral suspension
- rufinamide 400 mg tablet
- Spritam 1,000 mg tablet for oral suspension
- Spritam 250 mg tablet for oral suspension
- Spritam 500 mg tablet for oral suspension
- Spritam 750 mg tablet for oral suspension
- Sympazan 10 mg oral film
- Sympazan 20 mg oral film
- Sympazan 5 mg oral film
- vigabatrin 500 mg oral powder packet
- vigabatrin 500 mg tablet
- Vigadrone 500 mg oral powder packet
- Vigadrone 500 mg tablet
- Vigafyde 100 mg/mL oral solution
- Xcopri 100 mg tablet
- Xcopri 150 mg tablet
- Xcopri 200 mg tablet
- Xcopri 25 mg tablet
- Xcopri 50 mg tablet
- Xcopri Maintenance Pack 250mg/day (150 mg x 1 and 100 mg x 1) tablets
- Xcopri Maintenance Pack 350 mg/day (200 mg x 1 and 150 mg x 1) tablets
- Xcopri Titration Pack 12.5 mg (14)-25 mg (14) tablets in a dose pack
- Xcopri Titration Pack 150 mg (14)-200 mg (14) tablets in a dose pack
- Xcopri Titration Pack 50 mg (14)-100 mg (14) tablets in a dose pack

Details	
Criteria	One of the following: 1. History of paid claim or documented trial of one of the following formulary generic antiepileptic medications: carbamazepine, clobazam, divalproex sodium, felbamate, lamotrigine, levetiracetam immediate-release tablet, levetiracetam extended-release tablet, levetiracetam oral solution, oxcarbazepine, phenobarbital, phenytoin, topiramate, valproic acid, lacosamide, or zonisamide 2. Documented intolerance/contraindication to all formulary generic antiepileptic medications 3. For vigabatrin, step therapy will be waived for the treatment of infantile spasms in pediatric patients 1 month to 2 years of age

ANTI-GLAUCOMA AGENTS

Products Affected

- Rhopressa 0.02 % eye drops drops
- Rocklatan 0.02 %-0.005 % eye

Details	
Criteria	One of the following: 1. History of paid claim or documented trial (within the previous year) of two of the following generic drugs: latanoprost, bimatoprost, travoprost, timolol, brimonidine, dorzolamide, brimonidine/timolol, dorzolamide/timolol, brinzolamide OR 2. Documented intolerance/contraindication to all of the above classes

ENDARI

Products Affected

- glutamine (sickle cell) 5 gram oral powder packet

Details	
Criteria	One of the following: 1. History of paid claim or documented trial (within the previous year) of formulary hydroxyurea capsule, OR 2. Documented intolerance/contraindication to formulary hydroxyurea capsule. Criteria will be waived in patients under 18 years of age.

PIMECROLIMUS

Products Affected

- pimecrolimus 1 % topical cream

Details	
Criteria	One of the following: 1) History of paid claim or documented trial (within the previous six months) of tacrolimus 0.1% ointment OR 2) Documented intolerance/contraindication to tacrolimus 0.1% ointment. Step therapy will be waived in pediatric patients.