



# Providence

## Medicare Advantage Plans

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### **PROVIDENCE MEDICARE ADVANTAGE PLANS**

#### **2024 STEP THERAPY CRITERIA:**

**ALIGN DISCOVER GROUP PLAN + RX (HMO)**

**ALIGN EXPLORE GROUP PLAN + RX (HMO)**

**DISCOVER GROUP PLAN + RX (HMO-POS)**

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Last Updated 03/2024

For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 or, for TTY users, 711, seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com).

# ANTIDEPRESSANTS STEP THERAPY

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## Products Affected

- Auvelity 45 mg-105 mg tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet, extended release 24 hr
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- 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
- fluoxetine (PMDD) 10 mg tablet
- fluoxetine (PMDD) 20 mg tablet
- fluoxetine 10 mg capsule
- fluoxetine 10 mg tablet
- fluoxetine 20 mg capsule
- fluoxetine 20 mg tablet
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluoxetine 60 mg tablet
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 10 mg/5 mL oral suspension
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- paroxetine ER 12.5 mg tablet, extended release 24 hr
- paroxetine ER 25 mg tablet, extended release 24 hr
- paroxetine ER 37.5 mg tablet, extended release 24 hr
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- Trintellix 10 mg tablet

Last Updated: 03/19/2024

- Trintellix 20 mg tablet
- Trintellix 5 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule,extended release 24 hr
- venlafaxine ER 37.5 mg capsule,extended release 24 hr
- venlafaxine ER 75 mg capsule,extended release 24 hr
- Viibryd 10 mg (7)-20 mg (23) tablets in a dose pack
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet

## Details

<b>Criteria</b>	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)
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Last Updated: 03/19/2024

# ANTIEPILEPTIC AGENTS

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## Products Affected

- Aptiom 200 mg tablet
- Aptiom 400 mg tablet
- Aptiom 600 mg tablet
- Aptiom 800 mg tablet
- Briviact 10 mg tablet
- Briviact 10 mg/mL oral solution
- Briviact 100 mg tablet
- Briviact 25 mg tablet
- Briviact 50 mg tablet
- Briviact 75 mg tablet
- carbamazepine 100 mg chewable tablet
- carbamazepine 100 mg/5 mL oral suspension
- carbamazepine 200 mg tablet
- carbamazepine 200 mg/10 mL oral suspension
- carbamazepine ER 100 mg capsule,extended release mphase12hr
- carbamazepine ER 100 mg tablet,extended release,12 hr
- carbamazepine ER 200 mg capsule,extended release mphase12hr
- carbamazepine ER 200 mg tablet,extended release,12 hr
- carbamazepine ER 300 mg capsule,extended release mphase12hr
- carbamazepine ER 400 mg tablet,extended release,12 hr
- clobazam 10 mg tablet
- clobazam 2.5 mg/mL oral suspension
- clobazam 20 mg tablet
- divalproex 125 mg capsule,delayed release sprinkle
- divalproex 125 mg tablet,delayed release
- divalproex 250 mg tablet,delayed release
- divalproex 500 mg tablet,delayed release
- divalproex ER 250 mg tablet,extended release 24 hr
- divalproex ER 500 mg tablet,extended release 24 hr
- felbamate 400 mg tablet
- felbamate 600 mg tablet
- felbamate 600 mg/5 mL oral suspension
- Fycompa 0.5 mg/mL oral suspension
- Fycompa 10 mg tablet
- Fycompa 12 mg tablet
- Fycompa 2 mg tablet
- Fycompa 4 mg tablet
- Fycompa 6 mg tablet
- Fycompa 8 mg tablet
- lacosamide 10 mg/mL oral solution
- lacosamide 100 mg tablet
- lacosamide 150 mg tablet
- lacosamide 200 mg tablet
- lacosamide 50 mg tablet
- lamotrigine 100 mg tablet
- lamotrigine 150 mg tablet
- lamotrigine 200 mg tablet

Last Updated: 03/19/2024

- lamotrigine 25 mg chewable dispersible tablet
- lamotrigine 25 mg tablet
- lamotrigine 5 mg chewable dispersible tablet
- lamotrigine ER 100 mg tablet,extended release 24 hr
- lamotrigine ER 200 mg tablet,extended release 24 hr
- lamotrigine ER 25 mg tablet,extended release 24 hr
- lamotrigine ER 250 mg tablet,extended release 24 hr
- lamotrigine ER 300 mg tablet,extended release 24 hr
- lamotrigine ER 50 mg tablet,extended release 24 hr
- levetiracetam 1,000 mg tablet
- levetiracetam 100 mg/mL oral solution
- levetiracetam 250 mg tablet
- levetiracetam 500 mg tablet
- levetiracetam 500 mg/5 mL (5 mL) oral solution
- levetiracetam 750 mg tablet
- levetiracetam ER 500 mg tablet,extended release 24 hr
- levetiracetam ER 750 mg tablet,extended release 24 hr
- oxcarbazepine 150 mg tablet
- oxcarbazepine 300 mg tablet
- oxcarbazepine 300 mg/5 mL (60 mg/mL) oral suspension
- oxcarbazepine 600 mg tablet
- phenobarbital 100 mg tablet
- phenobarbital 15 mg tablet
- phenobarbital 16.2 mg tablet
- phenobarbital 20 mg/5 mL (4 mg/mL) oral elixir
- phenobarbital 30 mg tablet
- phenobarbital 32.4 mg tablet
- phenobarbital 60 mg tablet
- phenobarbital 64.8 mg tablet
- phenobarbital 97.2 mg tablet
- phenytoin 100 mg/4 mL oral suspension
- phenytoin 125 mg/5 mL oral suspension
- phenytoin 50 mg chewable tablet
- phenytoin sodium extended 100 mg capsule
- phenytoin sodium extended 200 mg capsule
- phenytoin sodium extended 300 mg capsule
- 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
- Subvenite 100 mg tablet
- Subvenite 150 mg tablet
- Subvenite 200 mg tablet
- Subvenite 25 mg tablet
- Sympazan 10 mg oral film
- Sympazan 20 mg oral film
- Sympazan 5 mg oral film

Last Updated: 03/19/2024

- topiramate 100 mg tablet
- topiramate 15 mg sprinkle capsule
- topiramate 200 mg tablet
- topiramate 25 mg sprinkle capsule
- topiramate 25 mg tablet
- topiramate 50 mg tablet
- valproic acid (as sodium salt) 250 mg/5 mL (5 mL) oral solution
- valproic acid (as sodium salt) 250 mg/5 mL oral solution
- valproic acid (as sodium salt) 500 mg/10 mL (10 mL) oral solution
- valproic acid 250 mg capsule
- vigabatrin 500 mg oral powder packet
- vigabatrin 500 mg tablet
- Vigadrone 500 mg oral powder packet
- Vigadrone 500 mg tablet
- Xcopri 100 mg tablet
- Xcopri 150 mg tablet
- Xcopri 200 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
- zonisamide 100 mg capsule
- zonisamide 25 mg capsule
- zonisamide 50 mg capsule

## 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, oxcarbazepine, phenobarbital, phenytoin, topiramate, valproic acid, lacosamide, or zonisamide or 2) Documented intolerance/contraindication to all formulary generic antiepileptic medications

Last Updated: 03/19/2024

# ANTI-GLAUCOMA AGENTS

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## Products Affected

- bimatoprost 0.03 % eye drops
- brimonidine 0.15 % eye drops
- brimonidine 0.2 % eye drops
- brimonidine 0.2 %-timolol 0.5 % eye drops
- dorzolamide 2 % eye drops
- dorzolamide 22.3 mg-timolol 6.8 mg/mL eye drops
- dorzolamide-timolol (PF) 2 %-0.5 % eye drops in a dropperette
- latanoprost 0.005 % eye drops
- Rhopressa 0.02 % eye drops
- Rocklatan 0.02 %-0.005 % eye drops
- timolol maleate 0.25 % eye drops
- timolol maleate 0.25 % eye gel forming solution
- timolol maleate 0.5 % eye drops
- timolol maleate 0.5 % eye gel forming solution
- travoprost 0.004 % eye drops

## Details

<b>Criteria</b>	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 or dorzolamide, OR 2. Documented intolerance/contraindication to all of the above classes
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Last Updated: 03/19/2024

# ENDARI

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## Products Affected

- Droxia 200 mg capsule
- Droxia 300 mg capsule
- Droxia 400 mg capsule
- Endari 5 gram oral powder packet
- hydroxyurea 500 mg capsule

## Details

<b>Criteria</b>	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.
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Last Updated: 03/19/2024



# IVERMECTIN CREAM

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## Products Affected

- ivermectin 1 % topical cream
- metronidazole 0.75 % lotion
- metronidazole 0.75 % topical cream
- metronidazole 0.75 % topical gel
- metronidazole 1 % topical gel
- metronidazole 1 % topical gel with pump

## Details

<b>Criteria</b>	One of the following: 1) History of paid claim or documented trial (within the previous six months) of formulary topical metronidazole or 2) Documented intolerance/contraindication to topical metronidazole.
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Last Updated: 03/19/2024

# PIMECROLIMUS

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## Products Affected

- pimecrolimus 1 % topical cream
- tacrolimus 0.1 % topical ointment

## Details

<b>Criteria</b>	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
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Last Updated: 03/19/2024