



STEP THERAPY CRITERIA

This is a complete list of drugs that have written coverage determination policies. Drugs on this list do not indicate that this drug will be covered under your prescription drug benefit. Please verify drug coverage by checking your formulary and member handbook. Additional restrictions and exclusions may apply. If you have questions, please contact Providence Health Plan Customer Service at 503-574-7500 or 1-800-878-4445 (TTY: 711). Service is available five days a week, Monday through Friday, between 8 a.m. and 6 p.m.

Policy Link	Drugs
ANTI-EPILEPTIC MEDICATIONS	perampanel oral suspension 0.5 mg/ml, perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg, FYCOMPA ORAL SUSPENSION 0.5 MG/ML, FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG, eslicarbazine oral tablet 200 mg, 400 mg, 600 mg, 800 mg, APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG, brivaracetam oral solution 10 mg/ml, BRIVIACT ORAL SOLUTION 10 MG/ML, rufinamide oral suspension 40 mg/ml, rufinamide oral tablet 200 mg, 400 mg, XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1), XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG, XCOPRI ORAL TABLET 200 MG, XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 50 MG (14)- 100 MG (14), XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14)
ANTI-GLAUCOMA AGENTS	bimatoprost (pf) ophthalmic (eye) drops 0.01 %, bimatoprost ophthalmic (eye) drops 0.03 %, tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %, IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %, LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %, OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %, VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %, ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %, RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %
DPP-4 INHIBITORS	linagliptin oral tablet 5 mg
GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF)	FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML, NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML, STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML, UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML, UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML, UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML, ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML
LEUCOVORIN	leucovorin calcium oral tablet 10 mg, 15 mg, leucovorin calcium oral tablet 25 mg, leucovorin calcium oral tablet 5 mg
PIVYA	PIVYA ORAL TABLET 185 MG
TRELEGY ELLIPTA	TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG
ZYFLO	zileuton oral tablet, er multiphase 12 hr 600 mg