



STEP THERAPY CRITERIA

This document contains clinical criteria for coverage of certain drugs that may be covered under your pharmacy benefit. This document is accurate as of the last update date and is subject to change.

Please note that additional restrictions and exclusions to drug coverage may apply. You can search for your drugs on the “Drug Search” online tool for your formulary found at:

<https://www.providencehealthplan.com/members/pharmacy-resources>

This is not a guarantee of coverage or benefits. Please check your member handbook to verify coverage or call 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
ANTIEPILEPTIC 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, eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, eslicarbazepine oral tablet 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, BANZEL ORAL SUSPENSION 40 MG/ML, BANZEL 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, TRADJENTA ORAL TABLET 5 MG, JENTADUETO ORAL TABLET 2.5-850 MG
ELIDEL	pimecrolimus topical cream 1 %
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, 5 mg, leucovorin calcium oral tablet 25 mg
NEUPRO	NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR
PHOSPHATE BINDERS	ferric citrate oral tablet 210 mg iron, AURYXIA ORAL TABLET 210 MG IRON, VELPHORO ORAL TABLET,CHEWABLE 500 MG, lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg, sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram, sevelamer hcl oral tablet 400 mg, 800 mg, FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG, FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG, RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM
PIVYA	PIVYA ORAL TABLET 185 MG
SOOLANTRA	ivermectin topical cream 1 %, SOOLANTRA TOPICAL CREAM 1 %
TRINTELLIX	TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG
ZYFLO	zileuton oral tablet, er multiphase 12 hr 600 mg