Prominence Health

2026

Step Therapy Criteria

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AMANTADINE ER

Affected Drugs (also known as Step-2-Drugs):
Osmolex ER

Step Therapy Criteria:PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.

Step 1 Drugs:AMANTADINE HCL IMMEDIATE RELEASE

Number of days for claims review for select or first line drugs:120

ANTI INFLAMMATORY AGENTS GI

Affected Drugs (also known as Step-2-Drugs):
Dipentum

Step Therapy Criteria:PRIOR CLAIM FOR FORMULARY VERSION OF 1 OF THE FOLLOWING:BALSALAZIDE, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP,OR MESALAMINE 1.2G DR TAB WITHIN THE PAST 120 DAYS

Step 1 Drugs:BALSALAZIDE, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP,OR MESALAMINE 1.2G DR TAB

Number of days for claims review for select or first line drugs:120

ANTICONVULSANTS

Affected Drugs (also known as Step-2-Drugs):
Eslicarbazepine Acetate
Perampanel
Rufinamide
Xcopri
Xcopri (250 MG Daily Dose)
Xcopri (350 MG Daily Dose)

Step Therapy Criteria:PRIOR CLAIM FOR EPRONTIA, ZONISADE, OR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.

Step 1 Drugs:EPRONTIA, ZONISADE, CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE

Number of days for claims review for select or first line drugs:120

ANTIDEPRESSANTS

Affected Drugs (also known as Step-2-Drugs):
Auvelity
Fetzima
Fetzima Titration

Step Therapy Criteria:PRIOR CLAIM FOR TRINTELLIX AND VILAZODONE HCL WITHIN THE PAST 365 DAYS

Step 1 Drugs:TRINTELLIX, VILAZODONE HCL

Number of days for claims review for select or first line drugs:365

ANTIGOUT AGENTS

Affected Drugs (also known as Step-2-Drugs):
Febuxostat

Step Therapy Criteria:PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS

Step 1 Drugs:ALLOPURINOL

Number of days for claims review for select or first line drugs:120

ANTIPSYCHOTIC AGENTS

Affected Drugs (also known as Step-2-Drugs):
ARIPiprazole
Caplyta
cloZAPine
Fanapt
Fanapt Titration Pack A
Fanapt Titration Pack B
Fanapt Titration Pack C
Secuado
Versacloz

Step Therapy Criteria:PRIOR CLAIM FOR LURASIDONE HCL OR ONE FORMULARY ORAL ANTIPSYCHOTIC RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ARIPIPRAZOLE SOLUTION, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS

Step 1 Drugs:LURASIDONE HCL, ORAL RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ARIPIPRAZOLE SOLUTION, ASENAPINE, PALIPERIDONE

Number of days for claims review for select or first line drugs:365

ANTIULCER AGENTS

Affected Drugs (also known as Step-2-Drugs):
Omeprazole-Sodium Bicarbonate

Step Therapy Criteria:PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.

Step 1 Drugs:LANSOPRAZOLE, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE

Number of days for claims review for select or first line drugs:120

B VERSUS D ADMINISTRATIVE STEP

Affected Drugs (also known as Step-2-Drugs):
cycloPHOSphamide
Methotrexate Sodium
Xatmep

Step Therapy Criteria:IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.

Step 1 Drugs:

Number of days for claims review for select or first line drugs:120

BREYNA

Affected Drugs (also known as Step-2-Drugs):
Breyna

Step Therapy Criteria: Trial or failure of Symbicort

Step 1 Drugs: Symbicort

Number of days for claims review for select or first line drugs:120

DULOXETINE SPRINKLE

Affected Drugs (also known as Step-2-Drugs):
Drizalma Sprinkle

Step Therapy Criteria:PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE 20MG, 30MG, 60MG, 80MG, 90MG, OR 120MG CAPSULE WITHIN THE PAST 120 DAYS.

Step 1 Drugs:GENERIC DULOXETINE 20MG, 30MG, 60MG, 80MG, 90MG, OR 120MG CAPSULE

Number of days for claims review for select or first line drugs:120

GLAUCOMA AGENTS

Affected Drugs (also known as Step-2-Drugs):
Rhopressa
Rocklatan

Step Therapy Criteria:PRIOR CLAIM FOR FORMULARY VERSION OF 1 OF THE FOLLOWING BRIMONIDINE, BRINZOLAMIDE, CARTEOLOL, DORZOLAMIDE, DORZOLAMIDE/TIMOLOL, LATANOPROST, LEVOBUNOLOL, PILOCARPINE, AND TIMOLOL WITHIN THE PAST 120 DAYS.

Step 1 Drugs:BRIMONIDINE, BRINZOLAMIDE, CARTEOLOL, DORZOLAMIDE, DORZOLAMIDE/TIMOLOL, LATANOPROST, LEVOBUNOLOL, PILOCARPINE, TIMOLOL

Number of days for claims review for select or first line drugs:120

MEMANTINE DONEPEZIL

Affected Drugs (also known as Step-2-Drugs):
Namzaric

Step Therapy Criteria:PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS

Step 1 Drugs:DONEPEZIL, MEMANTINE IR

Number of days for claims review for select or first line drugs:365

MEMANTINE ER

Affected Drugs (also known as Step-2-Drugs):
Memantine HCl ER

Step Therapy Criteria:PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS

Step 1 Drugs:MEMANTINE IR

Number of days for claims review for select or first line drugs:120

NASAL CORTICOSTEROIDS II

Affected Drugs (also known as Step-2-Drugs):
Xhance

Step Therapy Criteria:CHRONIC RHINOSINUSITIS WITH NASAL POLYPS (CRSwNP): PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS. CHRONIC RHINOSINUSITIS WITHOUT NASAL POLYPS (CRSsNP): DOES NOT REQUIRE A PREVIOUS CLAIM FOR MOMETASONE OR OTHER INTRANASAL STEROIDS.

Step 1 Drugs:MOMETASONE NASAL SPRAY

Number of days for claims review for select or first line drugs:120

OPHTHALMIC ALLERGY NO OTC

Affected Drugs (also known as Step-2-Drugs):
Loteprednol Etabonate

Step Therapy Criteria:PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE DROPS WITHIN THE PAST 120 DAYS.

Step 1 Drugs:LEVOCETIRIZINE OPTH , CROMOLYN SODIUM OPTH, EPINASTINE OPTH

Number of days for claims review for select or first line drugs:120

SELEGILINE PATCH

Affected Drugs (also known as Step-2-Drugs):
Emsam

Step Therapy Criteria:PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS

Step 1 Drugs:CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL

Number of days for claims review for select or first line drugs:120

SPRITAM

Affected Drugs (also known as Step-2-Drugs):
levETIRAcetam
Spritam

Step Therapy Criteria:PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS

Step 1 Drugs:GENERIC LEVETIRACETAM SOLUTION

Number of days for claims review for select or first line drugs:120