



**DENVER HEALTH**  
**MEDICAL PLAN** INC.™

# Step Therapy Approval Criteria

**Effective Date: 01/01/2021**

This document contains Step Therapy Approval Criteria for the following medications:

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2. Banzel (rufinamide)
3. Baqsimi (glucagon nasal powder)
4. Belsonra (suvorexant)
5. Biktarvy (bictegravir/emtricitabine/tenofovir)
6. Breo Ellipta (fluticasone/vilanterol)
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18. Eliquis (apixaban)
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48. Xifaxan (rifaximin)
49. Xiidra (lifitegrast)

## Step Therapy Approval Criteria

### Armour Thyroid (porcine thyroid)

**Generic name:** porcine thyroid  
**Brand name:** Armour Thyroid  
**Medication class:** Thyroid

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of levothyroxine tablets in the past 365 days.

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Banzel (rufinamide)

**Generic name:** rufinamide  
**Brand name:** Banzel  
**Medication class:** Anticonvulsant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of both of the following in the past 365 days:
  - Lamotrigine
  - Topiramate

**Step 2:**

- Previous failure of clobazam in the past 365 days.

## Step Therapy Approval Criteria

### Baqsimi (glucagon nasal powder)

**Generic name:** glucagon nasal powder  
**Brand name:** Baqsimi  
**Medication class:** Antihypoglycemic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Glucagon Emergency Kit or Glucagen Hypokit in the past 365 days.

## Step Therapy Approval Criteria

### Belsomra (suvorexant)

**Generic name:** suvorexant  
**Brand name:** Belsomra  
**Medication class:** Hypnotic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of two of the following in the past 365 days:
  - Eszopiclone
  - Silenor
  - Temazepam
  - Trazodone
  - Zolpidem

## Step Therapy Approval Criteria

### Biktarvy (bictegravir/emtricitabine/tenofovir)

**Generic name:** bictegravir/emtricitabine/tenofovir  
**Brand name:** Biktarvy  
**Medication class:** HIV

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one of the following regimens in the past 365 days:
  - Dovato
  - Genvoya
  - Triumeq
  - Tivicay with Descovy
  - Isentress HD with Descovy

## Step Therapy Approval Criteria

### Breo Ellipta (fluticasone/vilanterol)

**Generic name:** fluticasone/vilanterol  
**Brand name:** Breo Ellipta  
**Medication class:** Inhaled glucocorticoid/long-acting beta-agonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

Previous failure of both of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**



## Step Therapy Approval Criteria

### Brilinta (ticagrelor)

**Generic name:** ticagrelor  
**Brand name:** Brilinta  
**Medication class:** Antiplatelet

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of clopidogrel in the past 365 days.

**Formulary Management Review:**  
**Initial:** May 2020  
**Revision:**

## Step Therapy Approval Criteria

### Bydureon (exenatide)

**Generic name:** exenatide  
**Brand name:** Bydureon  
**Medication class:** GLP-1 receptor agonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Trulicity in the past 365 days.

**Formulary Management Review:**  
**Initial:** May 2020  
**Revision:**

## Step Therapy Approval Criteria

### Cequa (cyclosporine)

**Generic name:** cyclosporine ophthalmic solution  
**Brand name:** Cequa  
**Medication class:** Calcineurin inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Restasis in the past 365 days.

## Step Therapy Approval Criteria

### Colcrys (colchicine)

**Generic name:** colchicine  
**Brand name:** Colcrys  
**Medication class:** Antigout; antiinflammatory

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one of the following in the past 365 days:
  - A formulary NSAID
  - A formulary glucocorticoid
  - Allopurinol
  - Probenecid/colchicine

**Additional considerations:**

- Quantity Limit (QL) of 60 tablets per 30 days

**Formulary Management Review:**  
**Initial: October 2016**  
**Revision:**

## Step Therapy Approval Criteria

### Combigan (brimonidine/timolol)

**Generic name:** brimonidine/timolol  
**Brand name:** Combigan  
**Medication class:** Glaucoma agent

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of brimonidine eye drops or timolol eye drops in the past 365 days.

**Formulary Management Review:**  
**Initial:** May 2020  
**Revision:**

## Step Therapy Approval Criteria

### Combipatch (estradiol/norethindrone)

**Generic name:** estradiol/norethindrone transdermal patch  
**Brand name:** Combipatch  
**Medication class:** Hormone replacement therapy

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one of the following in the past 365 days:
  - Estradiol/norethindrone oral tablets
  - Estradiol transdermal patches
  - Estradiol vaginal cream

**Formulary Management Review:**  
**Initial: May 2020**  
**Revision:**

## Step Therapy Approval Criteria

### Contrave (naltrexone/bupropion)

**Generic name:** naltrexone/bupropion  
**Brand name:** Contrave  
**Medication class:** Anorexiant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of phentermine in the past 365 days.

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**

## Step Therapy Approval Criteria Corlanor (ivabradine)

**Generic name:** ivabradine  
**Brand name:** Corlanor  
**Medication class:** Cardiovascular agent

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of one formulary beta-blocker in the past 365 days:
  - Atenolol
  - Carvedilol
  - Labetalol
  - Metoprolol
  - Nadolol
  - Pindolol
  - Propranolol
  - Sotalol

**Formulary Management Review:**  
**Initial: April 2020**  
**Revision:**



## Step Therapy Approval Criteria

### Dexilant (dexlansoprazole)

**Generic name:** dexlansoprazole  
**Brand name:** Dexilant  
**Medication class:** Proton pump inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of all of the following in the past 365 days:
  - Omeprazole
  - Pantoprazole
  - Esomeprazole

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Dovonex (calcipotriene)

**Generic name:** calcipotriene  
**Brand name:** Dovonex  
**Medication class:** Antipsoriatic, Synthetic Vitamin D3

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of a formulary topical corticosteroid in the past 365 days

**Formulary Management Review:**  
**Initial:** January 2016  
**Revision:**

## Step Therapy Approval Criteria

### Dulera (mometasone/formoterol)

**Generic name:** mometasone/formoterol  
**Brand name:** Dulera  
**Medication class:** Inhaled glucocorticoid/long-acting beta-agonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

Previous failure of both of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**

## Step Therapy Approval Criteria

### Eliquis (apixaban)

**Generic name:** apixaban  
**Brand name:** Eliquis  
**Medication class:** Factor Xa inhibitor; direct oral anticoagulant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of Xarelto in the past 365 days.

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**

## Step Therapy Approval Criteria

### Enbrel (etanercept)

**Generic name:** etanercept  
**Brand name:** Enbrel  
**Medication class:** TNF inhibitor; immune suppressant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

#### **Step 1:**

- Previous failure of one of the following in the past 365 days:
  - Asacol
  - Balsalazide
  - Dipentum
  - Methotrexate
  - Rowasa
  - Azathioprine
  - Cyclosporine
  - Hydroxychloroquine
  - Hydroxyurea
  - Leflunomide
  - Mercaptopurine
  - Soriatane
  - Sulfasalazine

## Step Therapy Approval Criteria

### Envarsus XR (tacrolimus extended-release)

**Generic name:** tacrolimus extended-release  
**Brand name:** Envarsus XR  
**Medication class:** Calcineurin inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of tacrolimus capsules in the past 365 days.

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**

## Step Therapy Approval Criteria

### Estring (estradiol vaginal ring)

**Generic name:** estradiol vaginal ring  
**Brand name:** Estring  
**Medication class:** Hormone replacement therapy

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of estradiol vaginal cream in the past 365 days.

**Formulary Management Review:**  
**Initial: November 2019**  
**Revision:**

## Step Therapy Approval Criteria

### Estrogel (estradiol)

**Generic name:** estradiol  
**Brand name:** Estrogel  
**Medication class:** Hormone replacement therapy

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one of the following in the past 365 days:
  - Estradiol oral tablets
  - Estradiol transdermal patches
  - Estradiol vaginal cream

**Formulary Management Review:**  
**Initial: February 2020**  
**Revision:**



## Step Therapy Approval Criteria

### Eucria (crisaborole)

**Generic name:** crisaborole  
**Brand name:** Eucria  
**Medication class:** Antiinflammatory; PDE-4 inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one formulary topical corticosteroid in the past 365 days.

**Step 2:**

- Previous failure of tacrolimus ointment in the past 365 days.

**Formulary Management Review:**  
**Initial:** November 2019  
**Revision:**

## Step Therapy Approval Criteria

### Femring (estradiol vaginal ring)

**Generic name:** estradiol vaginal ring  
**Brand name:** Femring  
**Medication class:** Hormone replacement therapy

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of estradiol vaginal cream in the past 365 days.

**Formulary Management Review:**  
**Initial:** May 2020  
**Revision:**

## Step Therapy Approval Criteria

### Fiasp (insulin aspart, recombinant)

**Generic name:** insulin aspart, recombinant  
**Brand name:** Fiasp  
**Medication class:** Insulin

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of both of the following in the past 365 days:
  - Insulin lispro
  - Novolog

## Step Therapy Approval Criteria

### Humira (adalimumab)

**Generic name:** adalimumab  
**Brand name:** Humira  
**Medication class:** TNF inhibitor; monoclonal antibody; antirheumatic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

#### **Step 1:**

- Previous failure of one of the following in the past 365 days:
  - Asacol
  - Balsalazide
  - Dipentum
  - Methotrexate
  - Rowasa
  - Azathioprine
  - Cyclosporine
  - Hydroxychloroquine
  - Hydroxyurea
  - Leflunomide
  - Mercaptopurine
  - Soriatane
  - Sulfasalazine

**Formulary Management Review:**  
**Initial: October 2013**  
**Revision: April 2015, October 2016**

## Step Therapy Approval Criteria

### Imitrex Injection vial and STATdose (sumatriptan succinate)

**Generic name:** sumatriptan  
**Brand name:** Imitrex Injection vial and Imitrex STATdose  
**Medication class:** 5HT-1 serotonin receptor agonist; antimigraine

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of sumatriptan oral tablets or sumatriptan nasal spray in the past 365 days

**Additional considerations:**

- Quantity limit (QL) of 6 doses (3 ml) per 30 days

**Formulary Management Review:**  
**Initial:** October 2013  
**Revision:**

## Step Therapy Approval Criteria

### Invokana (canagliflozin)

**Generic name:** canagliflozin  
**Brand name:** Invokana  
**Medication class:** SGLT2 inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Farxiga in the past 365 days.

## Step Therapy Approval Criteria

### Jardiance (empagliflozin)

**Generic name:** empagliflozin  
**Brand name:** Jardiance  
**Medication class:** SGLT2 inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Farxiga in the past 365 days.

## Step Therapy Approval Criteria

### Levitra (vardenafil)

**Generic name:** vardenafil  
**Brand names:** Levitra  
**Medication class:** Phosphodiesterase-5 (PDE-5) inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of sildenafil citrate (generic for Viagra) in the past 365 days

**Additional considerations:**

- Quantity Limit (QL) of 6 tablets per 30 days

**Formulary Management Review:**  
**Initial: July 2018**  
**Revision:**



## Step Therapy Approval Criteria

### Lumigan (bimatoprost)

**Generic name:** bimatoprost  
**Brand name:** Lumigan  
**Medication class:** Anti-glaucoma

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of both of the following in the past 365 days:
  - Latanoprost
  - Travoprost

**Formulary Management Review:**  
**Initial: August 2020**  
**Revision:**

## Step Therapy Approval Criteria

### Mydayis (dextroamphetamine/amphetamine)

**Generic name:** dextroamphetamine/amphetamine  
**Brand name:** Mydayis  
**Medication class:** ADHD agent; CNS stimulant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of a formulary generic amphetamine product (such as generic Adderall or generic Dexedrine) in the past 365 days

**Step 2:**

- Previous failure of formulary generic methylphenidate product (such as generic Ritalin, generic Concerta or generic Focalin) in the past 365 days

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Myrbetriq (mirabegron)

**Generic name:** mirabegron  
**Brand name:** Myrbetriq  
**Medication class:** Overactive bladder

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one of the following in the past 365 days:
  - Oxybutynin (immediate release or extended release)
  - Tolterodine (immediate release or extended release)

**Formulary Management Review:**  
**Initial: January 2020**  
**Revision:**

## Step Therapy Approval Criteria

### Nucynta ER (tapentadol extended-release)

**Generic name:** tapentadol extended-release  
**Brand name:** Nucynta ER  
**Medication class:** Analgesic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of tramadol extended-release tablets in the past 365 days.

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:** October 2020

## Step Therapy Approval Criteria

### Nucynta (tapentadol)

**Generic name:** tapentadol  
**Brand name:** Nucynta  
**Medication class:** Analgesic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of tramadol immediate-release tablets in the past 365 days.

**Formulary Management Review:**  
**Initial: October 2020**  
**Revision:**

## Step Therapy Approval Criteria

### Onfi (clobazam)

**Generic name:** clobazam  
**Brand name:** Onfi  
**Medication class:** Anticonvulsant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of both of the following in the past 365 days:
  - Lamotrigine
  - Topiramate

**Formulary Management Review:**  
**Initial:** July 2019  
**Revision:**

## Step Therapy Approval Criteria

### Ozempic (semaglutide)

**Generic name:** semaglutide  
**Brand name:** Ozempic  
**Medication class:** GLP-1 receptor agonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Trulicity in the past 365 days.

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Pristiq (desvenlafaxine succinate)

**Generic name:** desvenlafaxine succinate  
**Brand name:** Pristiq  
**Medication class:** Antidepressant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of venlafaxine in the past 365 days.

**Formulary Management Review:**  
**Initial:** November 2020  
**Revision:**



## Step Therapy Approval Criteria

### Protopic (tacrolimus)

**Generic name:** tacrolimus  
**Brand names:** Protopic  
**Medication class:** Calcineurin inhibitor

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of one formulary topical corticosteroid in the past 365 days

**Additional considerations:**

- Quantity Limit (QL) of 100 grams per 30 days

**Formulary Management Review:**  
**Initial: April 2017**  
**Revision:**

## Step Therapy Approval Criteria

### Qbrexza (glycopyrronium)

**Generic name:** glycopyrronium  
**Brand name:** Qbrexza  
**Medication class:** Topical anticholinergic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Drysol in the past 365 days.

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Risperdal Consta (risperidone long-acting injectable)

**Generic name:** risperidone long-acting injectable  
**Brand name:** Risperdal Consta  
**Medication class:** Atypical antipsychotic

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of risperidone tablets in the past 365 days.

**Formulary Management Review:**  
**Initial:** July 2017  
**Revision:**

## Step Therapy Approval Criteria

### Tirosint (levothyroxine)

**Generic name:** levothyroxine  
**Brand name:** Tirosint  
**Medication class:** Thyroid

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of levothyroxine tablets in the past 365 days.

**Formulary Management Review:**  
**Initial:** April 2020  
**Revision:**

## Step Therapy Approval Criteria

### Toujeo Solostar and Toujeo Max Solostar (insulin glargine)

**Generic name:** insulinalgline  
**Brand name:** Toujeo Solostar and Toujeo Max Solostar  
**Medication class:** Insulin

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Lantus and Levemir in the past 365 days.

**Formulary Management Review:**  
**Initial:** February 2020  
**Revision:**

## Step Therapy Approval Criteria

### Trelegy Ellipta (fluticasone/vilanterol/umeclidinium)

**Generic name:** fluticasone/vilanterol/umeclidinium  
**Brand name:** Trelegy Ellipta  
**Medication class:** Inhaled glucocorticoid/long-acting beta-agonist/long-acting muscarinic antagonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

Previous failure of two of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)
- Spiriva Handihaler or Respimat

## Step Therapy Approval Criteria

### Vimpat (lacosamide)

**Generic name:** lacosamide  
**Brand name:** Vimpat  
**Medication class:** Anticonvulsant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

#### **Step 1:**

- Previous failure of two of the following in the past 365 days:
  - Carbamazepine
  - Divalproex sodium or valproic acid
  - Felbamate
  - Gabapentin
  - Lamotrigine
  - Levetiracetam
  - Oxcarbazepine
  - Phenobarbital
  - Phenytoin
  - Pregabalin (Lyrica)
  - Topiramate
  - Zonisamide

**Formulary Management Review:**  
**Initial: October 2019**  
**Revision:**

## Step Therapy Approval Criteria

### Vyvanse (lisdexamfetamine)

**Generic name:** lisdexamfetamine  
**Brand name:** Vyvanse  
**Medication class:** CNS stimulant

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of a formulary generic amphetamine product (such as generic Adderall or generic Dexedrine) in the past 365 days

**Step 2:**

- Previous failure of formulary generic methylphenidate product (such as generic Ritalin, generic Concerta or generic Focalin) in the past 365 days

**Additional considerations:**

- Quantity Limit (QL) of 30 capsules per 30 days

**Formulary Management Review:**  
**Initial:** April 2017  
**Revision:**



## Step Therapy Approval Criteria

### Vyzulta (latanoprostene)

**Generic name:** latanoprostene  
**Brand name:** Vyzulta  
**Medication class:** Anti-glaucoma

**Criteria for use:** (steps are all inclusive unless otherwise noted)

- Previous failure of both of the following in the past 365 days:
  - Latanoprost
  - Travoprost

**Formulary Management Review:**  
**Initial: August 2020**  
**Revision:**

## Step Therapy Approval Criteria

### Xifaxan (rifaximin)

**Generic name:** rifaximin  
**Brand name:** Xifaxan  
**Medication class:** Rifamycin

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of lactulose, dicyclomine, ciprofloxacin or azithromycin in the past 180 days

**Additional considerations:**

- Quantity limit (QL) of 60 tablets per 30 days for the 550 mg tablets
- Quantity limit (QL) of 180 tablets per 30 days for the 200 mg tablets

**Formulary Management Review:**  
**Initial: July 2015**  
**Revision: October 2017**

## Step Therapy Approval Criteria

### Xiidra (lifitegrast)

**Generic name:** lifitegrast  
**Brand name:** Xiidra  
**Medication class:** LFA-1 antagonist

**Criteria for use:** (steps are all inclusive unless otherwise noted)

**Step 1:**

- Previous failure of Restasis eye drops in the past 365 days.

**Formulary Management Review:**  
**Initial:** October 2019  
**Revision:**