



Step Therapy Edits

San Francisco Health Plan has Step Therapy (ST) medications* listed on formulary. These drugs will process at the point of sale at the pharmacy, if the required medications have been tried and failed with paid claims. If paid claims do not exist, a prior authorization request must be submitted for consideration of coverage.

	Generic Name	Brand Name	Step Therapy Drugs	Look-back period/Duration of Step Therapy Drugs
1.	Adapalene 0.1% cream	Differin®	Tretinoin and Adapalene 0.1% gel	1 year/2 months
2.	Adapalene 0.1% gel	Differin®	Tretinoin	1 year/2 months
3.	Azelastine	Astelin®	Any Intranasal steroids AND Any oral antihistamines	120 days
4.	Azelastine	Optivar®	Ketotifen	6 months/2 fills
5.	Calcipotriene cream and ointment	Dovonex®	2 medium to high potency topical steroids	1 year/2 months
6.	Calcitriol ointment	Vectical®	2 medium to high potency topical steroids	1 year/2 months
7.	Carisoprodol 350 mg tab	Soma®	Any 2 of the following: Baclofen, methocarbamol, cyclobenzaprine	1 year/1 month
8.	Celecoxib	Celebrex®	Any 2 NSAIDs	1 year/2 months
9.	Ciprofloxacin – Dexamethasone Otic Soln	Ciprodex®	Ciprofloxacin otic soln OR Ofloxacin otic soln	120 days
10.	Diabetic Test strips	Accu-chek Test Strips	See “Accu-chek strips Step Therapy Rules” table below	120 days
11.	Doxercalciferol	Hectorol®	Calcitriol	120 days
12.	Epinastine	Elestat®	Ketotifen	6 months/2 fills
13.	Esomeprazole OTC	Nexium® OTC	Omeprazole AND pantoprazole	6 months/1 fill
14.	Ibandronate	Boniva®	Alendronate	1 year
15.	Insulin detemir	Levemir®	Insulin glargine	120 days
16.	Irbesartan	Avapro®	ACE inhibitors, Losartan	Indefinite
17.	Lansoprazole 15, 30 mg caps	Prevacid®	Omeprazole AND pantoprazole	1 year/2 months



	Generic Name	Brand Name	Step Therapy Drugs	Look-back period/Duration of Step Therapy Drugs
18.	Levalbuterol	Xopenex®	SABAs	120 days
19.	Metronidazole gel	Metrogel 1%®	Metronidazole 0.75% gel	1 year/2 months
20.	Oxybutynin ER	Ditropan ER®	Oxybutynin IR tabs	120 days
21.	Pimecrolimus	Elidel®	2 medium to high potency topical steroids	1 year/2 months
22.	Prasugrel	Effient®	Clopidogrel	120 days
23.	Rifaximin	Xifaxan®	Lactulose	6 months/1 fill
24.	Rizatriptan	Maxalt®	Sumatriptan tablets	120 days
25.	Salmeterol	Serevent® Diskus®	REJECT if on Advair®, Dulera®, Symbicort®	60 days
26.	Tacrolimus	Protopic®	2 medium to high potency topical steroids	1 year/2 months
27.	Travoprost	Travoprost	Latanoprost	6 months/1 fill
28.	Triamcinolone nasal spray	Nasacort® AQ	Flunisolide nasal spray and fluticasone nasal spray	6 months
29.	Valacyclovir	Valtrex®	Acyclovir	6 months/1 fill
30.	Vancomycin	Vancocin®	Metronidazole	6 months/1 fill

**for Medi-Cal, Healthy Kids, Healthy Families and Healthy San Francisco formularies; no ST rules for Medi-Medi formulary*

Step Therapy Rules* and limits for formulary ACCU-CHEK SmartView (Nano) and ACCU-CHEK Aviva Plus test strips

Step Therapy Rule	Quantity Limit	Age Limit
All members	#1 per day	Formulary for members 21 years of age and older
Members on insulin within last 365 days	#4 per day	Formulary for members 21 years of age and older
Members on prenatal vitamins within last 365 days	#8 per day	Formulary for members 21 years of age and older

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