

Step Therapy Program

Effective: September 1, 2024

FirstCarolinaCare requires “Step Therapy” for certain prescription drugs.

In most cases, step therapy requires that you try certain medication(s) (preferred medications in the same class, first-line treatments or less costly alternatives that are also recommended for your condition) before a step therapy “non-preferred” medication would be covered.

Example: Drug A might only be covered if a member has tried Drug B with a poor response or intolerable side effects. A trial of Drug A may not be required if there is a medical reason that a member is unable to try Drug A or cannot change from current therapy with Drug B.

For an exception to the step therapy program or to request a written copy of the coverage criteria, please contact FirstCarolinaCare Member Services at (855) 291-9336 for TTY users, 711, 8 a.m. to 8 p.m., local time, seven days a week. From April 1 – September 30 voicemail will be used on weekends and holidays.

This list is subject to change.

FirstCarolinaCare Insurance Company is a health plan with a Medicare contract. Enrollment in FirstCarolinaCare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Member Services number at (855) 291-9336 for additional information. (TTY users should call 711.) Hours are from 8 a.m. – 8 p.m., local time, seven days a week. From April 1 – September 30, voicemail will be used on weekends and holidays.

Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, llame al Departamento de Servicios para los Miembros al (855) 291-9336. (Los usuarios de TTY deben llamar al 711). Nuestro horario de atención es de 8:00 a.m. a 8:00 p.m., horario local, los 7 días de la semana. Desde el 1.º de abril hasta el 30 de septiembre, puede dejar un mensaje de voz los fines de semana y feriados.

ANTIDEPRESSANTS

Products Affected

- Auvelity
- Fetzima
- Fetzima Titration Pack
- Pexeva TABS 10MG, 20MG, 30MG
- Trintellix
- Venlafaxine Besylate Er
- Viibryd Starter Pack

Details

Criteria	Prior paid claim of generic antidepressant
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ANTIFUNGAL TOPICAL

Products Affected

- Mentax
- Naftifine Hcl
- Naftifine Hydrochloride CREA
- Naftifine Hydrochloride GEL 2%

Details

Criteria	Prior paid claim of a generic topical antifungal (e.g. ciclopirox, clotrimazole, econazole, ketoconazole).
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APTIOM

Products Affected

- Aptiom

Details

Criteria	Prior paid claim of Oxcarbazepine
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ATYPICAL ANTIPSYCHOTICS

Products Affected

- Abilify Maintena
- Abilify Mycite Maintenance Kit
- Abilify Mycite Starter Kit
- Aristada
- Aristada Initio
- Caplyta
- Fanapt
- Fanapt Titration Pack
- Invega Hafyera
- Invega Sustenna
- Invega Trinza
- Lybalvi
- Paliperidone Er
- Perseris
- Rexulti
- Risperdal Consta
- Secuado
- Vraylar
- Ziprasidone Mesylate
- Zyprexa Relprevv

Details

Criteria	Prior paid claim of one of the following atypical antipsychotic: (aripiprazole, asenapine, lurasidone, olanzapine, quetiapine fumarate, risperidone, oral ziprasidone).
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BRIVIACT

Products Affected

- Briviact

Details

Criteria	Prior paid claim with a generic anti-seizure medication
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DALIRESP

Products Affected

- Roflumilast

Details

Criteria	Prior use of inhaled corticosteroid or ICS combo agent
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DIPEPTIDYL PEPTIDASE-4 (DPP4) ENZYME INHIBITORS

Products Affected

- Alogliptin
- Alogliptin/metformin Hcl
- Alogliptin/metformin Hydrochloride
- Alogliptin/pioglitazone TABS
12.5MG; 30MG, 12.5MG; 45MG,
25MG; 15MG, 25MG; 30MG,
25MG; 45MG
- Janumet
- Janumet Xr
- Januvia
- Jentadueto
- Jentadueto Xr
- Kazano
- Nesina
- Oseni TABS 12.5MG; 30MG, 25MG;
15MG, 25MG; 30MG, 25MG; 45MG
- Tradjenta

Details

Criteria	Prior paid claim for metformin (generic Glucophage), metformin oral solution, metformin ER or glipizide/metformin (generic Metaglip), glipizide, glipizide ER/XL, glimepiride, pioglitazone/metformin (generic Actoplus Met), pioglitazone/glimepiride (generic Duetact), or a formulary insulin within the past 120 days
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ELEPSIA XR

Products Affected

- Elepsia Xr

Details

Criteria	Prior paid claim for levetiracetam
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INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Flovent Hfa

Details

Criteria	Prior paid claim for Qvar RediHaler.
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NOVOLOG

Products Affected

- Novolog
- Novolog Flexpen
- Novolog Flexpen Relion
- Novolog MIX 70/30
- Novolog MIX 70/30 Prefilled Flexpen
- Novolog MIX 70/30 Prefilled Flexpen Relion
- Novolog MIX 70/30 Relion
- Novolog Penfill
- Novolog Relion

Details

Criteria	Prior paid claim of Humalog or Humalog Mix
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ONGENTYS

Products Affected

- Ongentys

Details

Criteria	Previous paid claim of entacopone tab 200mg
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SPRITAM

Products Affected

- Spritam

Details

Criteria	Prior paid claim for levetiracetam
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TRAMADOL

Products Affected

- Tramadol Hcl Er CP24 100MG, 200MG, 300MG
- Tramadol Hcl Er TB24
- Tramadol Hydrochloride Er

Details

Criteria	Prior paid claim of tramadol immediate release
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XULTOPHY

Products Affected

- Xultophy 100/3.6

Details

Criteria	Prior paid claim for glucagon-like peptide-1 (GLP-1) or basal insulin
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ZONISADE SUSPENSION

Products Affected

- Zonisade

Details

Criteria	Prior paid claim of generic zonisamide capsule.
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