



HEALTH PLANS®



2018
Step Therapy

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS LEON 2018

Products Affected

- Desvenlafaxine Er
- Fetzima
- Fetzima Titration Pack
- Khedezla
- Paxil SUSP
- Pristiq
- Trintellix
- Viibryd
- Viibryd Starter Pack

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: desvenlafaxine er, Fetzima, Khedezla, Paxil Suspension, Pristiq, Trintellix and Viibryd. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.</p>
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ANTIGOUT AGENTS 2018

Products Affected

- Uloric

Details

Criteria	Step-1 Drug: allopurinol. Step-2 Drug: Uloric. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BETA-ADRENERGIC BLOCKING AGENTS 2018

Products Affected

- Carvedilol Phosphate
- Coreg Cr

Details

Criteria	Step-1 Drug: carvedilol tabs. Step-2 Drug: carvedilol ER caps and Coreg CR. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FIBRINIC ACID DERIVATIVES 2018

Products Affected

- Antara CAPS 30MG, 90MG
- Fenofibrate TABS 120MG, 40MG

Details

Criteria	Step-1 Drugs: fenofibrate 43mg, 48mg, 50mg, 54mg, 67mg, 130mg, 134mg, 145mg, 150mg, 160mg, 200mg and fenofibrinic acid 35mg, 45mg, 105mg, 135mg and gemfibrozil. Step-2 Drugs: Antara, fenofibrate 40mg and 120mg. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

INJECTABLE DIABETIC COMBINATIONS 2018

Products Affected

- Soliqua 100/33
- Xultophy 100/3.6

Details

Criteria	Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drugs: Soliqua and Xultophy. The member must have tried a 30 day supply or more of any one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

METABOLIC BONE DISEASE AGENTS 2018

Products Affected

- Binosto
- Fosamax Plus D
- Risedronate Sodium
- Risedronate Sodium Dr

Details

Criteria	Step-1 Drugs: alendronate sodium tablets and solution, and ibandronate sodium tablets. Step-2 Drugs: Binosto, Fosamax Plus D and risedronate sodium tablets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Paget's Disease, osteoporosis in men, or glucocorticoid-induced osteoporosis, in which case the member would only need to try a 30 day supply of alendronate within the previous 180 days before risedronate would be covered.
-----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

OPHTHALMIC ANTIGLAUCOMA AGENTS 2018

Products Affected

- Azopt

Details

Criteria	Step-1 Drugs: dorzolamide and Trusopt. Step-2 Drug: Azopt (brinzolamide). The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

OPHTHALMIC ANTIHISTAMINES 2018

Products Affected

- Alocril
- Azelastine Hcl OPHTHALMIC SOLN 0.05%
- Emadine
- Epinastine Hcl
- Pazeo

Details

Criteria	Step-1 Drugs: ketotifen fumarate OTC, olopatadine 0.1%, and olopatadine 0.2%. Step-2 Drugs: Alocril (nedocromil), azelastine, Emadine (emedastine), epinastine, and Pazeo (olopatadine 0.7%). The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 90 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROTON PUMP INHIBITORS 2018

Products Affected

- Aciphex Sprinkle
- Dexilant
- Omeprazole/sodium Bicarbonate PACK
- Protonix PACK

Details

Criteria	Step-1 Drugs: esomeprazole magnesium, lansoprazole, Rx omeprazole, pantoprazole and rabeprazole. Step-2 Drugs: Dexilant, Protonix Granules (pantoprazole), and Omeprazole/Sodium Bicarbonate packets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the indication is risk reduction of upper GI bleed in the critically ill, in which case step therapy for omeprazole/sodium bicarbonate 40mg/1680mg packets does not apply.
-----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TOPICAL ANTIFUNGAL DRUGS 2018

Products Affected

- Ciclopirox GEL
- Ciclopirox SHAM
- Ertaczo
- Luliconazole
- Luzu
- Naftifine Hcl
- Naftifine Hydrochloride
- Oxiconazole Nitrate
- Oxistat LOTN

Details

Criteria	Step-1 Drugs: ciclopirox 0.77% topical suspension, ciclopirox 0.77% cream, ciclopirox 8% solution, clotrimazole OTC, ketoconazole 2% cream, ketoconazole 2% shampoo and miconazole OTC. Step-2 Drugs: ciclopirox 0.77% gel, ciclopirox 1% shampoo, Ertaczo, Luzu 1% cream, Luliconazole, naftifine 1% cream, naftifine 2% cream, oxiconazole nitrate 1% cream and Oxistat 1% lotion. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TOPICAL ANTI-INFLAMMATORIES 2018

Products Affected

- Desoximetasone CREA
- Desoximetasone GEL
- Desoximetasone OINT

Details

Criteria	Step-1 Drugs: fluocinonide (ointment, gel, cream), fluocinonide-E cream, mometasone (cream, ointment), triamcinolone (cream, lotion, ointment) and Triderm cream. Step-2 Drug: desoximetasone (cream, gel, ointment). The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

INDEX

A	
Aciphex Sprinkle.....	9
Alocril.....	8
Antara.....	4
Antidepressants, Serotonin/norepinephrine Reuptake Inhibitors Leon 2018.....	1
Antigout Agents 2018.....	2
Azelastine Hcl.....	8
Azopt.....	7
B	
Beta-adrenergic Blocking Agents 2018.....	3
Binosto.....	6
C	
Carvedilol Phosphate.....	3
Ciclopirox.....	10
Coreg Cr.....	3
D	
Desoximetasone.....	11
Desvenlafaxine Er.....	1
Dexilant.....	9
E	
Emadine.....	8
Epinastine Hcl.....	8
Ertaczo.....	10
F	
Fenofibrate.....	4
Fetzima.....	1
Fetzima Titration Pack.....	1
Fibrinic Acid Derivatives 2018.....	4
Fosamax Plus D.....	6
I	
Injectable Diabetic Combinations 2018.....	5
K	
Khedeza.....	1
L	
Luliconazole.....	10
Luzu.....	10
M	
Metabolic Bone Disease Agents 2018.....	6
N	
Naftifine Hcl.....	10
Naftifine Hydrochloride.....	10
O	
Omeprazole/sodium Bicarbonate.....	9
Ophthalmic Antiglaucoma Agents 2018.....	7
Ophthalmic Antihistamines 2018.....	8
Oxiconazole Nitrate.....	10
Oxistat.....	10
P	
Paxil.....	1
Pazeo.....	8
Pristiq.....	1
Proton Pump Inhibitors 2018.....	9
Protonix.....	9
R	
Risedronate Sodium.....	6
Risedronate Sodium Dr.....	6
S	
Soliqua 100/33.....	5
T	
Topical Antifungal Drugs 2018.....	10
Topical Anti-inflammatories 2018.....	11
Trintellix.....	1

U
Uloric..... 2

V
Viibryd 1

Viibryd Starter Pack..... 1

X
Xultophy 100/3.6 5