Geisinger Medicare 2023 Step Therapy Criteria

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APOKYN

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

Apokyn

Apomorphine HCI

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs:Kynmobi

ASMANEX

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

Asmanex (120 Metered Doses)

Asmanex (14 Metered Doses)

Asmanex (30 Metered Doses)

Asmanex (60 Metered Doses)

Asmanex HFA

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Arnuity Ellipta and Qvar

BAFIERTAM

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

Bafiertam

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs: Dimethyl Fumarate

DESVENLAFAXINE ER

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

Desvenlafaxine ER

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Desvenlafaxine Succinate ER

GLP1 NPD - BYDUREON BCISE

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

Bydureon BCise

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Victoza, Ozempic, Trulicity, or Rybelsus

GLP1 NPD - BYETTA

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

Byetta 10 MCG Pen Byetta 5 MCG Pen

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Victoza, Ozempic, Trulicity, or Rybelsus

NEUPRO

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

Neupro

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Pramipexole and Ropinirole

ONGENTYS

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

Ongentys

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs: Either Entacapone, Carbidopa-Levodopa-Entacapone, or Tolcapone

OXYCONTIN

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

OxyCONTIN

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Morphine Sulfate Extended Release

PPI

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

Esomeprazole Magnesium

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs:Either two generic formulary PPI's which include Lansoprazole, Omeprazole, Rabeprazole and Pantoprazole or Lansoprazole and Misoprostol for prophylaxis of NSAID associated gastropathy

PRADAXA

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

Dabigatran Etexilate Mesylate Pradaxa

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Eliquis or Xarelto

RHOPRESSA

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

Rhopressa Rocklatan

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs:Latanoprost or Travoprost

SPRITAM

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

Spritam

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs:Levetiracetam Oral Solution

SYMBICORT

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

Budesonide-Formoterol Fumarate

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Formulary Version of (1) Fluticasone/Salmeterol and (2) Breo Ellipta

TOLCAPONE

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

Tolcapone

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs:(1) Ongentys and either (2) Entacapone or Carbidopa-Levodopa-Entacapone

TRAVOPROST

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

Travoprost (BAK Free)

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs:Latanoprost

TUDORZA

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

Tudorza Pressair

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Spiriva and Incruse Ellipta

ULORIC

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

Febuxostat

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Allopurinol

VELPHORO

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

Velphoro

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of two Step 1 drugs, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: Calcium Acetate and Either Sevelamer Carbonate or Lanthanum Carbonate

VUMERITY

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

Vumerity

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescriber should request an exception for coverage.

Step 1 Drugs: Dimethyl Fumarate

XELPROS EMULSION

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

Xelpros

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs:Latanoprost

XULTOPHY

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

Xultophy

Step Therapy Criteria:On-line prescription drug claim history showing 15 days use of a Step 1 drug, within previous 180 days. If step therapy criteria are not met, prescribing provider should request an exception for coverage.

Step 1 Drugs: One formulary GLP-1 Agonist or one formulary long-acting basal insulin product

A	PRADAXA	13
APOKYN3	R	
ASMANEX 4	RHOPRESSA	14
В	S	
BAFIERTAM 5 D	SPRITAMSYMBICORT	
DESVENLAFAXINE ER6	Т	
G	TOLCAPONE	
GLP1 NPD - Bydureon BCise7 GLP1 NPD - Byetta8	TRAVOPROSTTUDORZA	
N	U	
NEUPRO9	ULORIC	20
0	V	
ONGENTYS	VELPHORO VUMERITY	
P	X	
PPI12	XELPROS EMULSIONXULTOPHY	