

**Geisinger Medicare  
2021  
Step Therapy Criteria**

## Table of Contents

<b>ASMANEX</b> .....	3
<b>DESVENLAFAXINE ER</b> .....	4
<b>DULERA</b> .....	5
<b>GLP1 NPD - BYDUREON</b> .....	6
<b>GLP1 NPD - BYDUREON BCISE</b> .....	7
<b>GLP1 NPD - BYETTA</b> .....	8
<b>NEUPRO</b> .....	9
<b>ONGENTYS</b> .....	10
<b>OXYCONTIN</b> .....	11
<b>PPI</b> .....	12
<b>PRADAXA</b> .....	13
<b>PROSTAGLANDINS NON PREF</b> .....	14
<b>RHOPRESSA</b> .....	15
<b>SPRITAM</b> .....	16
<b>SYMBICORT</b> .....	17
<b>TOLCAPONE</b> .....	18
<b>TUDORZA</b> .....	19
<b>ULORIC</b> .....	20
<b>VELPHORO</b> .....	21
<b>XELPROS EMULSION</b> .....	22
<b>XULTOPHY</b> .....	23
<b>ZENPEP</b> .....	24

## 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

**Number of days for claims review for select or first line drugs:** 180

## **DESVENLAFAXINE ER**

---

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

Desvenlafaxine ER

Desvenlafaxine Fumarate 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

**Number of days for claims review for select or first line drugs:**180

## DULERA

---

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

Dulera

**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) either budesonide formoterol or Breo Ellipta

**Number of days for claims review for select or first line drugs:**180

## GLP1 NPD - BYDUREON

---

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

Bydureon

**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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:** 180

## 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

**Number of days for claims review for select or first line drugs:**180



## 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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## OXYCONTIN

---

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

oxyCODONE HCl 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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## PRADAXA

---

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

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

**Number of days for claims review for select or first line drugs:**180

## PROSTAGLANDINS NON PREF

---

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

Vyzulta

Zioptan

**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, prescriber should request an exception for coverage.

**Step 1 Drugs:** Travoprost AND either Latanoprost or Xelpros

**Number of days for claims review for select or first line drugs:** 180

## **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

**Number of days for claims review for select or first line drugs:**180

## **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

**Number of days for claims review for select or first line drugs:**180



## 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 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:**Formulary version of Fluticasone/Salmeterol

**Number of days for claims review for select or first line drugs:**180

## TOLCAPONE

---

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

Tolcapone

**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:**Entacapone or Carbidopa-Levodopa-Entacapone

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## **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

**Number of days for claims review for select or first line drugs:**180

## 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

**Number of days for claims review for select or first line drugs:**180

## ZENPEP

---

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

Zenpep

**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:**Creon

**Number of days for claims review for select or first line drugs:**180



<b>A</b>		<b>R</b>	
ASMANEX .....	3	RHOPRESSA.....	15
<b>D</b>		<b>S</b>	
DESVENLAFAXINE ER .....	4	SPRITAM .....	16
DULERA .....	5	SYMBICORT.....	17
<b>G</b>		<b>T</b>	
GLP1 NPD - Bydureon.....	6	TOLCAPONE .....	18
GLP1 NPD - Bydureon BCise .....	7	TUDORZA.....	19
GLP1 NPD - Byetta.....	8	<b>U</b>	
<b>N</b>		ULORIC.....	20
NEUPRO.....	9	<b>V</b>	
<b>O</b>		VELPHORO .....	21
ONGENTYS.....	10	<b>X</b>	
OXYCONTIN.....	11	XELPROS EMULSION.....	22
<b>P</b>		XULTOPHY.....	23
PPI .....	12	<b>Z</b>	
PRADAXA.....	13	ZENPEP .....	24
PROSTAGLANDINS NON PREF .....	14		