

BYDUREON

Products Affected

Step 2:

- BYDUREON 2 MG
SUBCUTANEOUS EXTENDED
RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML
SUBCUTANEOUS PEN INJECTOR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER VICTOZA OR TANZEUM, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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INVOKAMET

Products Affected

Step 2:

- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF METFORMIN WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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INVOKANA

Products Affected

Step 2:

- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF METFORMIN WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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JARDIANCE

Products Affected

Step 2:

- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF METFORMIN WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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LEVALBUTEROL NEB

Products Affected

Step 2:

- *levalbuterol 0.31 mg/3 ml solution for nebulization*
- *levalbuterol 0.63 mg/3 ml solution for nebulization*
- *levalbuterol 1.25 mg/0.5 ml solution for nebulization*
- *levalbuterol 1.25 mg/0.5 ml solution for nebulization (2.5 mg/ml)*
- *levalbuterol 1.25 mg/3 ml solution for nebulization*

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ALBUTEROL SOLUTION FOR INHALATION WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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LUMIGAN

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LATANOPROST AND TRAVATAN Z WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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NEUPRO

Products Affected

Step 2:

- NEUPRO 1 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 2 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 3 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 4 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 6 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 8 MG/24 HOUR
TRANSDERMAL 24 HOUR PATCH

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF PRAMIPEXOLE AND ROPINIROLE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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NIASPAN

Products Affected

Step 2:

- NIASPAN 1,000 MG
TABLET,EXTENDED RELEASE
- NIASPAN 500 MG
TABLET,EXTENDED RELEASE
- NIASPAN 750 MG
TABLET,EXTENDED RELEASE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF GENERIC NIACIN ER WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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OXYCONTIN

Products Affected

Step 2:

- *oxycodone er 10 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 15 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 20 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 30 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 40 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 60 mg tablet, crush resistant, extended release 12 hr*
- *oxycodone er 80 mg tablet, crush resistant, extended release 12 hr*
- OXYCONTIN 10 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 15 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 20 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 30 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 40 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 60 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE
- OXYCONTIN 80 MG
TABLET, CRUSH
RESISTANT, EXTENDED
RELEASE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF MORPHINE SULFATE EXTENDED RELEASE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PPI

Products Affected

Step 2:

- *esomeprazole magnesium 20 mg capsule, delayed release*
- *esomeprazole magnesium 40 mg capsule, delayed release*
- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER TWO GENERIC FORMULARY PPI'S WHICH INCLUDE LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE OR LANSOPRAZOLE AND MISOPROSTOL FOR PROPHYLAXIS OF NSAID ASSOCIATED GASTROPATHY WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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PRISTIQ

Products Affected

Step 2:

- *desvenlafaxine er 100 mg tablet, extended release 24 hour*
- DESVENLAFAXINE ER 100 MG TABLET, EXTENDED RELEASE 24 HR
- *desvenlafaxine er 50 mg tablet, extended release 24 hour*
- DESVENLAFAXINE ER 50 MG TABLET, EXTENDED RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER 100 MG TABLET, EXTENDED RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER 50 MG TABLET, EXTENDED RELEASE 24 HR
- PRISTIQ 100 MG TABLET, EXTENDED RELEASE
- PRISTIQ 25 MG TABLET, EXTENDED RELEASE
- PRISTIQ 50 MG TABLET, EXTENDED RELEASE

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF VENLAFAXINE OR VENLAFAXINE XR WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOTE MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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SPRITAM

Products Affected

Step 2:

- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF LEVETIRACETAM ORAL SOLUTION WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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SYMBICORT

Products Affected

Step 2:

- SYMBICORT 160 MCG-4.5
MCG/ACTUATION HFA
AEROSOL INHALER
- SYMBICORT 80 MCG-4.5
MCG/ACTUATION HFA
AEROSOL INHALER

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF EITHER ADVAIR AND DULERA (FOR ASTHMA), OR ADVAIR AND BREO ELLIPTA (FOR COPD) WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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SYNJARDY

Products Affected

Step 2:

- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF METFORMIN WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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TANZEUM

Products Affected

Step 2:

- TANZEUM 30 MG/0.5 ML
SUBCUTANEOUS PEN INJECTOR
- TANZEUM 50 MG/0.5 ML
SUBCUTANEOUS PEN INJECTOR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ONE FORMULARY ORAL ANTIDIABETIC AGENT, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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TUDORZA

Products Affected

Step 2:

- TUDORZA PRESSAIR 400
MCG/ACTUATION BREATH
ACTIVATED
- TUDORZA PRESSAIR 400
MCG/ACTUATION BREATH
ACTIVATED (30 ACTUAT)

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF SPIRIVA WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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ULORIC

Products Affected

Step 2:

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ALLOPURINOL WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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VICTOZA

Products Affected

Step 2:

- VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ONE FORMULARY ORAL ANTIDIABETIC AGENT WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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VYTORIN

Products Affected

Step 2:

- VYTORIN 10 MG-10 MG TABLET
- VYTORIN 10 MG-20 MG TABLET
- VYTORIN 10 MG-40 MG TABLET
- VYTORIN 10 MG-80 MG TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 30 DAYS OF USE OF BOTH EZETIMIBE AND SIMVASTATIN, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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