Step Therapy Requirements

Effective: 01/01/2017

Updated 09/2016

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

AVONEX

DRUG NAME

AVONEX | AVONEX ADMINISTRATION PACK | AVONEX PEN

STEP THERAPY CRITERIA

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

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

BYDUREON

DRUG NAME

BYDUREON | BYDUREON PEN

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

INVOKAMET

DRUG NAME

INVOKAMET

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

INVOKANA

DRUG NAME

INVOKANA

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

JARDIANCE

DRUG NAME

JARDIANCE

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

LEVALBUTEROL NEB

DRUG NAME

LEVALBUTEROL CONCENTRATE | LEVALBUTEROL HCL

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

LUMIGAN

DRUG NAME

LUMIGAN

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

NEUPRO

DRUG NAME

NEUPRO

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

NIASPAN

DRUG NAME

NIASPAN

STEP THERAPY 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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Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

OXYCONTIN

DRUG NAME

OXYCODONE HCL ER | OXYCONTIN

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

PPI

DRUG NAME

ESOMEPRAZOLE MAGNESIUM | NEXIUM

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

PRISTIQ

DRUG NAME

DESVENLAFAXINE ER | PRISTIQ ER

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

REBIF

DRUG NAME

REBIF | REBIF REBIDOSE

STEP THERAPY CRITERIA

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

Geisinger Health Plan – 17298

Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

SPRITAM

DRUG NAME

SPRITAM

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

SYMBICORT

DRUG NAME

SYMBICORT

STEP THERAPY 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.

Geisinger Health Plan – 17298

Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

SYNJARDY

DRUG NAME

SYNJARDY

STEP THERAPY 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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Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

TANZEUM

DRUG NAME

TANZEUM

STEP THERAPY 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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Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

TUDORZA

DRUG NAME

TUDORZA PRESSAIR

STEP THERAPY 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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Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

ULORIC

DRUG NAME

ULORIC

STEP THERAPY 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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Step Therapy Requirements

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STEP THERAPY GROUP DESCRIPTION

VICTOZA

DRUG NAME

VICTOZA 3-PAK

STEP THERAPY 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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Step Therapy Requirements

EFFECTIVE DATE: 01/01/2017

STEP THERAPY GROUP DESCRIPTION

VYTORIN

DRUG NAME

VYTORIN

STEP THERAPY 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.