GLP1 - NON PREFERRED

Products Affected

Step 2:

- BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR

Details

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

GLP1 - PREFERRED

Products Affected

Step 2:

- OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- 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 FORMULARY METFORMIN AGENT WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

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/3 ml solution for nebulization*
- *levalbuterol concentrate 1.25 mg/0.5 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.

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.

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.

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.

PATADAY

Products Affected

Step 2:

- *olopatadine 0.2 % eye drops*

Details

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

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, RABEPRAZOLE AND 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.

SGLT2 PREFERRED

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
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- 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
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

Details

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

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.

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, OR ADVAIR AND BREO ELLIPTA WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

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.

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.

XULTOPHY

Products Affected

Step 2:

- XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF ONE FORMULARY GLP-1 AGONIST OR ONE FORMULARY BASAL INSULIN PRODUCT, WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.

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