

**Geisinger Medicare  
2022  
Step Therapy Criteria**

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## APOKYN

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

Apokyn

Apomorphine HCl

**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

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

## ASMANEX

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### **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

## **BAFIERTAM**

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### **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

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

## DESVENLAFAXINE ER

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### **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

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

## GLP1 NPD - BYDUREON

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### **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

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### **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

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### **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

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### **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

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### **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

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**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

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### **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

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### **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

## RHOPRESSA

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### **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

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### **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

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**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

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

## TOLCAPONE

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### **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

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

## TRAVOPROST

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### **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

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

## TUDORZA

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### **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

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### **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

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### **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

## VUMERITY

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

Vumerity

Vumerity (Starter)

**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

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

## **XELPROS EMULSION**

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### **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

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### **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

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<b>B</b>		
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