

ASMANEX

Products Affected

Step 2:

- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR

Details

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

DESVENLAFAXINE ER

Products Affected

Step 2:

- DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR
- 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

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF DESVENLAFAXINE SUCCINATE ER WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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GLP1 - NON PREFERRED

Products Affected

Step 2:

- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-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
- TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF VICTOZA and OZEMPIC, 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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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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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.
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PPI

Products Affected

Step 2:

- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*
- 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.
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PRADAXA

Products Affected

Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

Details

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

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- VYZULTA 0.024 % EYE DROPS

Details

Criteria	On-line prescription drug claim history showing 15 days use of latanoprost AND either Travatan Z or travoprost or Zioptan within previous 180 days. If step therapy criteria are not met, prescriber 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:

- *budesonide-formoterol hfa 160 mcg-4.5 mcglactuation aerosol inhaler* MCG/ACTUATION HFA AEROSOL INHALER
- *budesonide-formoterol hfa 80 mcg-4.5 mcglactuation aerosol inhaler* • SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER
- SYMBICORT 160 MCG-4.5

Details

Criteria
On-line prescription drug claim history showing 15 days use of formulary version of Fluticasone/Salmeterol AND either Dulera or 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 and INCRUSE ELLIPTA 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:

- *febuxostat 40 mg tablet*
- *febuxostat 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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VELPHORO

Products Affected

Step 2:

- VELPHORO 500 MG CHEWABLE TABLET

Details

Criteria	ON-LINE PRESCRIPTION DRUG CLAIM HISTORY SHOWING 15 DAYS USE OF CALCIUM ACETATE AND EITHER SEVELAMER CARBONATE or LANTHANUM CARBONATE WITHIN PREVIOUS 180 DAYS. IF STEP THERAPY CRITERIA ARE NOT MET, PRESCRIBING PROVIDER SHOULD REQUEST AN EXCEPTION FOR COVERAGE.
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XELPROS EMULSION

Products Affected

Step 2:

- XELPROS 0.005 % EYE DROP EMULSION

Details

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