

# **Step Therapy Requirements**

**Effective: 12/01/2015**

**Brand New Day (HMO SNP)**

**Step Therapy Requirements**

**Effective Date: 12/01/2015**

**STEP THERAPY GROUP DESCRIPTION**

**ANTI-INFLAMMATORY AGENTS - GI**

**DRUG NAME**

**DIPENTUM**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR BALSALAZIDE OR APRISO WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTICONVULSANTS**

**DRUG NAME**

**APTIOM | BANZEL | FYCOMPA | OXTELLAR XR | POTIGA | QUDEXY XR | TROKENDI XR | VIMPAT**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMIDE, VALPROIC ACID, VALPROATE, OR ZONISAMIDE) WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTIDIABETIC AGENTS - MISCELLANEOUS**

**DRUG NAME**

**INVOKAMET | INVOKANA | JARDIANCE**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA, A COMBINATION OF SULFONYLUREA AND METFORMIN, PIOGLITAZONE, A COMBINATION OF PIOGLITAZONE AND METFORMIN, OR A COMBINATION OF PIOGLITAZONE AND GLIMEPIRIDE IN THE LAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTIPSYCHOTIC AGENTS**

**DRUG NAME**

**CLOZAPINE ODT | FANAPT | INVEGA | LATUDA | SAPHRIS | VERSACLOZ**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR FORMULARY VERSIONS OF ANTIPSYCHOTICS RISPERIDONE TABLET, RISPERIDONE DISINTEGRATING TABLET, CLOZAPINE TABLET, OLANZAPINE TABLET, OLANZAPINE ORAL DISINTEGRATING TABLET, IMMEDIATE RELEASE QUETIAPINE FUMARATE, OR ZIPRASIDONE, AND ABILIFY WITHIN THE PAST 365 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTIPSYCHOTIC AGENTS II**

**DRUG NAME**

**REXULTI**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR TWO (2) FORMULARY VERSIONS OF ATYPICAL ANTIPSYCHOTIC RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE FUMARATE, ARIPIPRAZOLE OR ZIPRASIDONE OR A SSRI OR SNRI CITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, OR VENLAFAXINE OR DULOXETINE WITHIN THE PAST 365 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**  
**B VERSUS D ADMINISTRATIVE STEP**

**DRUG NAME**

**CYCLOPHOSPHAMIDE | METHOTREXATE | TREXALL**

**STEP THERAPY CRITERIA**

**IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.**

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**STEP THERAPY GROUP DESCRIPTION**  
**CONTRACEPTIVES**

**DRUG NAME**

**NUVARING**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR A GENERIC ORAL 21 OR 28 DAY CONTRACEPTIVE WITHIN THE PAST 120 DAYS. DOES NOT INCLUDE PLAN B OR PLAN B-ONE STEP OR THEIR GENERICS.**





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**STEP THERAPY GROUP DESCRIPTION**

**HYPERURICEMIC AGENTS**

**DRUG NAME**

**ULORIC**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR ALLOPURINOL OR COLCHICINE WITHIN THE PAST 120 DAYS**



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**STEP THERAPY GROUP DESCRIPTION**

**IVABRADINE**

**DRUG NAME**

**CORLANOR**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR METOPROLOL SUCCINATE, BISOPROLOL OR CARVEDILOL  
WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**MULTIPLE SCLEROSIS AGENTS**

**DRUG NAME**

**AVONEX | AVONEX ADMINISTRATION PACK | AVONEX PEN | BETASERON | EXTAVIA | PLEGRIDY**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR REBIF (INTERFERON BETA-1A) OR COPAXONE (GLATIRAMIR ACETATE) WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**OPHTHALMIC ANTIHISTAMINES**

**DRUG NAME**

**PATADAY | PATANOL**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR LEVOCETIRIZINE OR CROMOLYN SODIUM EYE DROPS WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**QUETIAPINE FUMARATE EXTENDED RELEASE**

**DRUG NAME**

**SEROQUEL XR**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR FORMULARY VERSIONS OF ATYPICAL ANTIPSYCHOTICS  
RISPERIDONE TABLET, RISPERIDONE DISINTEGRATING TABLET, CLOZAPINE  
TABLET, OLANZAPINE TABLET, OLANZAPINE ORAL DISINTEGRATING TABLET,  
IMMEDIATE RELEASE QUETIAPINE FUMARATE, OR ZIPRASIDONE, OR A SSRI OR  
SNRI CITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, OR VENLAFAXINE,  
AND ABILIFY WITHIN THE PAST 365 DAYS.**

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**STEP THERAPY GROUP DESCRIPTION**

**RENIN ANGIOTENSION SYSTEM INHIBITORS**

**DRUG NAME**

**AZOR | BENICAR | BENICAR HCT | TRIBENZOR**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR), OR ACE INHIBITOR COMBINATION OR A GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), OR GENERIC ARB COMBINATION WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**RIFAXIMIN**

**DRUG NAME**

**XIFAXAN**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR LACTULOSE WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ROTIGOTINE**

**DRUG NAME**

**NEUPRO**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR IMMEDIATE RELEASE PRAMIPEXOLE OR IMMEDIATE RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS.**





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**STEP THERAPY GROUP DESCRIPTION**

**SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIBITORS (SNRIS)**

**DRUG NAME**

**BRINTELLIX | FETZIMA | KHEDEZLA | PRISTIQ ER**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR PAROXETINE, FLUOXETINE, SERTRALINE, CITALOPRAM, MIRTAZAPINE, ESCITALOPRAM, OR BUPROPION (IR, SR, XL) WITHIN THE PAST 120 DAYS.**

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