OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

2021 Step Therapy Criteria

(Requirements for approval for certain drugs)

Please read: This document contains information about the drugs we cover in this plan.

Criterios para la terapia por etapas de 2021

(Requisitos para la aprobación de ciertos medicamentos)

Favor de leer: Este documento contiene información sobre los medicamentos cubiertos en este plan.

Các Tiêu Chuẩn Về Sự Trị Liệu Từng Bước Năm 2021

(Những yêu cầu để được chấp thuận cho các loại thuốc nhất định)

Vui lòng đọc: Tài liệu này gồm có các thông tin về các loại thuốc chúng tôi đài thọ trong chương trình này.

شرایط استفاده از درمان مرحله ای سال 2021

(شرایط تأیید داروهای خاص)

لطفاً مطالعه کنید: این نوشتار حاوی اطلاعات مهمی درباره داروهائی است که در این برنامه تحت پوشش داریم.

2021 단계별 치료 기준

(특정 의약품의 승인 조건)

읽어 주십시오: 본 문서는 본 플랜에서 보장하는 의약품 정보를 포함하고 있습니다.

خطة OneCare Connect Cal MediConnect
(Medicare-Medicaid Plan)

معايير العلاج المرحلي لعام 2021

(متطلبات الموافقة على أدوية معينة)

يرجى القراءة: هذه الوثيقة تتضمن معلومات بخصوص الأدوية التي نقوم بتغطيتها في هذه الخطة.

OneCare Connect Cal MediConnect 計劃
(Medicare-Medicaid 計劃)

2021 年分步驟治療標準

（特定藥物的批准要求）

請閱讀：本文件包含關於本計劃所承保藥物的資訊。

ALDOSTERONERA

MEDICATION(S) SUBJECT TO STEP THERAPY

EPLERENONE

CRITERIA

Must first try Spironolactone or Spironolactone + HCTZ before Eplerenone.

ANTIDEPRESSANT

MEDICATION(S) SUBJECT TO STEP THERAPY

VENLAFAXINE HCL ER 150 MG TAB, VENLAFAXINE HCL ER 225 MG TAB, VENLAFAXINE HCL ER 37.5 MG TAB, VENLAFAXINE HCL ER 75 MG TAB

CRITERIA

Must first try Citalopram, Escitalopram, Fluoxetine, Paroxetine, Sertraline, Venlafaxine tablets or Venlafaxine-XR capsules before Venlafaxine-XR tablets.

DPP4

MEDICATION(S) SUBJECT TO STEP THERAPY

JANUMET, JANUMET XR, JANUVIA

CRITERIA

Must first try Alogliptin or Alogliptin/Metformin before JANUMET, JANUMET XR or JANUVIA.

GLAUCOMA

MEDICATION(S) SUBJECT TO STEP THERAPY

BIMATOPROST 0.03% EYE DROPS, LUMIGAN, TRAVOPROST

CRITERIA

Must first try Latanoprost before bimatoprost, LUMIGAN, or travoprost.

GLP1

MEDICATION(S) SUBJECT TO STEP THERAPY

BYDUREON BCISE, BYETTA, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA 2-PAK, VICTOZA 3-PAK

CRITERIA

Must first try Metformin, Metformin/Glipizide or Metformin/Glyburide before BYDUREON, BYETTA, OZEMPIC, RYBELSUS, TRULICITY, or VICTOZA. Exceptions to this step therapy will be provided upon coverage determination request for beneficiaries with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease and/or other clinical justification.

INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

LEVEMIR, LEVEMIR FLEXTOUCH, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA, TRESIBA FLEXTOUCH U-100, TRESIBA FLEXTOUCH U-200

CRITERIA

Coverage for this drug is provided when other preferred drug therapies have been tried. A series of steps must be followed. A drug from Step 1 must be tried before a drug from Step 2 will be approved, and a drug from Step 2 must be tried before a drug from Step 3 will be approved. Step 1: BASAGLAR, LANTUS, SEMGLEE. Step 2: TOUJEO. Step 3: LEVEMIR, TRESIBA.

NASAL CORTICOSTEROID

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUNISOLIDE

CRITERIA

Must first try fluticasone nasal spray before flunisolide nasal spray.

MEDICATION(S) SUBJECT TO STEP THERAPY

PRADAXA

CRITERIA

Must first try ELIQUIS or XARELTO before PRADAXA.

NSAID

MEDICATION(S) SUBJECT TO STEP THERAPY

MISOPROSTOL

CRITERIA

Must first try Celecoxib, Diclofenac (oral, 1% topical gel), Etodolac, Ibuprofen, Indomethacin, Meloxicam, Nabumetone, Naproxen, Piroxicam or Sulindac before Misoprostol.

OPHTHALMICALLERGY

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOCRIL, ALOMIDE, LASTACAFT, OLOPATADINE HCL 0.1% EYE DROPS, OLOPATADINE HCL 0.2% EYE DROP

CRITERIA

Must first try Azelastine ophthalmic or Cromolyn ophthalmic before ALOCRIL, ALOMIDE, LASTACAFT, or Olopatadine ophthalmic.

OVERACTIVE BLADDER

MEDICATION(S) SUBJECT TO STEP THERAPY

GELNIQUE, MYRBETRIQ ER 25 MG TABLET, MYRBETRIQ ER 50 MG TABLET, OXYBUTYNIN 5 MG/5 ML SYRUP, OXYTROL, SOLIFENACIN SUCCINATE, TOVIAZ

CRITERIA

Must first try Darifenacin ER, Oxybutynin tablet, Oxybutynin ER tablet, Tolterodine, Tolterodine ER, Trospium, or Trospium ER before GELNIQUE, MYRBETRIQ, oxybutynin oral solution, OXYTROL, Solifenacin, or TOVIAZ.

SGLT2

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN, ALOGLIPTIN-METFORMIN, GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY, SYNJARDY XR, TRADJENTA, TRIJARDY XR

CRITERIA

Coverage for this drug is provided when other preferred drug therapies have been tried. A series of steps must be followed. A drug from Step 1 must be tried before a drug from Step 2 will be approved, and a drug from Step 2 must be tried before a drug from Step 3 will be approved. Step 1: Metformin, Metformin/Glipizide, Metformin/Glyburide. Step 2: Alogliptin, Alogliptin/Metformin, JARDIANCE, SYNJARDY. Step 3: GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, TRADJENTA or TRIJARDY XR. Exceptions to this step therapy may be provided upon coverage determination request based on indication (e.g. established CVD, diabetic nephropathy) and/or other clinical justification.

TRELEGY

MEDICATION(S) SUBJECT TO STEP THERAPY

TRELEGY ELLIPTA

CRITERIA

Must first try Budesonide/Formoterol, Fluticasone/Salmeterol, or BREO ELLIPTA before TRELEGY ELLIPTA.