



OneCare (HMO SNP)

2020 Step Therapy Criteria

(Requirements for approval for certain drugs)

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

OneCare (HMO SNP)

Crterios para la terapia por etapas de 2020

(Requisitos para la aprobación de ciertos medicamentos)

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

Chương Trình OneCare (HMO SNP)

Các Tiêu Chuẩn Về Sự Trị Liệu Từng Bước Trong Năm 2020

(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.

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, TRAVATAN Z, TRAVOPROST

CRITERIA

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

GLP1

MEDICATION(S) SUBJECT TO STEP THERAPY

BYDUREON BCISE, BYDUREON PEN, RYBELSUS, TRULICITY

CRITERIA

Must first try Metformin, Metformin/Glipizide or Metformin/Glyburide before BYDUREON, RYBELSUS or TRULICITY.

INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

LEVEMIR, LEVEMIR FLEXPEN, 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. 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.

NOAC

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

ALOCRIIL, ALOMIDE, LASTACAFT, OLOPATADINE HCL 0.1% EYE DROPS, OLOPATADINE HCL 0.2% EYE DROP, PAZEO

CRITERIA

Must first try Azelastine ophthalmic or Cromolyn ophthalmic before ALOCRIIL, ALOMIDE, EMADINE, LASTACAFT, Olopatadine ophthalmic or PAZEO.

SGLT2

MEDICATION(S) SUBJECT TO STEP THERAPY

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

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.

TRELEGY

MEDICATION(S) SUBJECT TO STEP THERAPY

TRELEGY ELLIPTA

CRITERIA

Must first try fluticasone/salmeterol, BREO ELLIPTA, or SYMBICORT before TRELEGY ELLIPTA.