OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

2018 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 2018

(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 2018

(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 2018

(شرایط تأیید داروهای خاص)

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

2018 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 2018

(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)

2018 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.

ALOGLIPTIN

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN, ALOGLIPTIN-METFORMIN

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING METFORMIN BEFORE ALOGLIPTIN.

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.

ARB

MEDICATION(S) SUBJECT TO STEP THERAPY

CANDESARTAN CILEXETIL, CANDESARTAN-HYDROCHLOROTHIAZID, OLMESARTAN MEDOXOMIL, OLMESARTAN-HYDROCHLOROTHIAZIDE

CRITERIA

MUST FIRST TRY IRBESARTAN, IRBESARTAN-HCTZ, LOSARTAN, LOSARTAN-HCTZ, TELMISARTAN, TELMISARTAN-HCTZ, VALSARTAN OR VALSARTAN-HCTZ BEFORE CANDESARTAN, CANDESARTAN-HCTZ, OLMESARTAN, OR OLMESARTAN-HCT.

COPD

MEDICATION(S) SUBJECT TO STEP THERAPY

ANORO ELLIPTA, ARCAPTA NEOHALER, STIOLTO RESPIMAT, STRIVERDI RESPIMAT, TUDORZA PRESSAIR 400 MCG INH (30 ACTUATIONS), TUDORZA PRESSAIR 400 MCG INH (60 ACTUATIONS)

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING ALBUTEROL, FORMOTEROL, IPRATROPIUM, LEVALBUTEROL, SALMETEROL OR TIOTROPIUM BEFORE ANORO, ARCAPTA, STIOLTO, STRIVERDI OR TUDORZA.

MEDICATION(S) SUBJECT TO STEP THERAPY

ALOGLIPTIN-PIOGLITAZONE

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING METFORMIN OR PIOGLITAZONE BEFORE ALOGLIPTIN/PIOGLITAZONE.

GLP1

MEDICATION(S) SUBJECT TO STEP THERAPY

BYETTA, VICTOZA 2-PAK, VICTOZA 3-PAK

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING METFORMIN, GLIMEPIRIDE, GLIPIZIDE, GLYBURIDE, TOLAZAMIDE, TOLBUTAMIDE, PIOGLITAZONE, OR ROSIGLITAZONE BEFORE BYETTA OR VICTOZA.

MEDICATION(S) SUBJECT TO STEP THERAPY

ASMANEX TWISTHALER 110 MCG #30, ASMANEX TWISTHALER 220 MCG #30, ASMANEX TWISTHALER 220 MCG #60, ASMANEX TWISTHALR 220 MCG #120, ASMANEX HFA, PULMICORT FLEXHALER

CRITERIA

MUST FIRST TRY ARNUITY, FLOVENT, OR QVAR BEFORE ASMANEX OR PULMICORT.

INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

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

CRITERIA

MUST FIRST TRY LANTUS OR BASAGLAR BEFORE TOUJEO OR TRESIBA.

NSAID

MEDICATION(S) SUBJECT TO STEP THERAPY

MISOPROSTOL

CRITERIA

MUST FIRST TRY DICLOFENAC (ORAL, 1% TOPICAL GEL), ETODOLAC, IBUPROFEN, MELOXICAM, NAPROXEN, PIROXICAM OR SULINDAC BEFORE MISOPROSTOL.

OPHTHALMICALLERGY

MEDICATION(S) SUBJECT TO STEP THERAPY

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

CRITERIA

MUST FIRST TRY CROMOLYN OPHTHALMIC OR AZELASTINE OPHTHALMIC BEFORE ALOCRIL, ALOMIDE, EMADINE, LASTACAFT, OLOPATADINE OPHTHALMIC OR PAZEO.

SGLT2

MEDICATION(S) SUBJECT TO STEP THERAPY

INVOKAMET, INVOKAMET XR

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING METFORMIN, JARDIANCE OR INVOKANA BEFORE INVOKAMET

SGLT2GLP1COMBO

MEDICATION(S) SUBJECT TO STEP THERAPY

STEGLUJAN

CRITERIA

MUST FIRST TRY ALOGLIPTIN OR ALOGLIPTIN/METFORMIN

SYNJARDY

MEDICATION(S) SUBJECT TO STEP THERAPY

SYNJARDY, SYNJARDY XR

CRITERIA

MUST FIRST TRY A PRODUCT CONTAINING METFORMIN OR JARDIANCE BEFORE SYNJARDY OR SYNJARDY XR.

TRELEGY

MEDICATION(S) SUBJECT TO STEP THERAPY

TRELEGY ELLIPTA

CRITERIA

MUST FIRST TRY BREO ELLIPTA BEFORE TRELEGY ELLIPTA.