

ALENDRONATE

Products Affected

Step 2:

- *ibandronate sodium tablet 150 mg oral*

Details

Criteria	
	Step 1 Drug: Alendronate tablets. Step 2 Drugs: Ibandronate tablets. Ibandronate will pay automatically if the enrollee has paid claims history of any 1 days' supply of Alendronate in the member's overall utilization history (lifetime). Otherwise Ibandronate requires a step therapy exception request indicating: (1) history of inadequate treatment response with Alendronate OR (2) history of adverse event with Alendronate OR (3) Alendronate is contraindicated.

ANTIHIISTAMINE

Products Affected

Step 2:

- *levocetirizine dihydrochloride*
tablet 5 mg oral

Details

Criteria	
	Step 1 Drugs: OTC Zyrtec ALLERGY OTC Cetirizine tabs OTC Claritin OTC Loratadine tablets OTC Fexofenadine tablets OTC Claritin reditabs Prescription Cetirizine 5mg/5mL Syrup. Step 2 Drug: Prescription Levocetirizine 5mg Tablets. Claim for prescription Levocetirizine (Step 2) will pay automatically if the enrollee has paid claims history of any 1 days' supply of a single Step 1 Drug in the member's overall utilization history (lifetime)

DIFICID

Products Affected

Step 2:

- DIFICID TABLET 200 MG ORAL

Details

Criteria
Dificid will pay automatically if the enrollee has paid claims history of any 1 days' supply of Vancomycin capsules in the member's overall utilization history (lifetime). Otherwise Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with vancomycin OR (2) history of adverse event with vancomycin OR (3) vancomycin is contraindicated.

PPI

Products Affected

Step 2:

- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL

Details

Criteria
Nexium granules for suspension will pay automatically if the enrollee has paid claims history of any 1 days' supply of any single Step 1 agent in the member's overall utilization history (lifetime). Step 1 Drugs are: lansoprazole 15mg, lansoprazole 30mg, omeprazole 10mg, omeprazole 20mg, omeprazole 40mg, pantoprazole 20mg, pantoprazole 40mg, esomeprazole injectable 20mg, esomeprazole injectable 40mg, esomeprazole 20mg, esomeprazole 40mg, esomeprazole 49.3mg, Prilosec OTC 20mg, Prevacid OTC 15mg, Lansoprazole OTC 15mg, Omeprazole OTC 20mg, Zegerid OTC 20-1100mg. Otherwise Nexium granules for suspension requires a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Drugs OR (2) history of adverse event with Step 1 Drugs OR (3) Step 1 Drugs are contraindicated OR (4) diagnosis of risk reduction of NSAIDs-associated gastric ulcer for Nexium granules for suspension will be automatically approved.

RHEUMATOID ARTHRITIS

Products Affected

Step 2:

- ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS
- ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS
- ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS
- ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS
- CIMZIA KIT 2 X 200 MG SUBCUTANEOUS
- CIMZIA PREFILLED KIT 2 X 200 MG/ML SUBCUTANEOUS
- COSENTYX 300 DOSE SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS
- COSENTYX SENSOREADY 300 DOSE SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS
- KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS
- ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS
- ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS
- SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS
- SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS
- SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS
- SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS
- SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION 130 MG/26ML INTRAVENOUS
- STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS
- XELJANZ TABLET 10 MG ORAL
- XELJANZ TABLET 5 MG ORAL

Details

Criteria
Claim will pay automatically for the requested drug (Actemra, Cimzia, Cosentyx, Kineret, Orenzia, Simponi, Formulary ID: 18317 Last Updated: 10/18/2018 Version: 20 - Effective: 11/01/2018

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	<p>Simponi Aria, Stelara or Xeljanz) if enrollee has a paid claim for at least a 1 days' supply of Humira AND Enbrel in the member's overall utilization history (lifetime). Otherwise, the requested drug requires a step therapy exception request indicating: (1) history of inadequate treatment response with Humira AND Enbrel, (Exceptions- ACTEMRA will be approved for giant cell arteritis (GCA) without prior therapy AND Kineret will be approved for cryopyrin-associated periodic syndromes (CAPS) without prior therapy) OR (2) history of adverse event with Humira AND Enbrel, OR (3) Humira AND Enbrel are contraindicated. IF diagnosis is Crohn's disease OR ulcerative colitis, ONLY requires trial of Humira.</p>
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TRINTELLIX

Products Affected

Step 2:

- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria
Claim will pay automatically for Trintellix if enrollee has a paid claim for at least a 1 days' supply of any generic formulary antidepressants in the member's overall utilization history (lifetime). Otherwise, Trintellix requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary antidepressant, OR (2) history of adverse event with any generic formulary antidepressant, OR (3) any generic formulary antidepressant is contraindicated.

UCERIS

Products Affected

Step 2:

- UCERIS FOAM 2 MG/ACT RECTAL
- UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details

Criteria
Claim will pay automatically for Uceris if enrollee has a paid claim for at least a 1 days' supply of any formulary corticosteroid used to treat ulcerative colitis in the member's overall utilization history (lifetime). Otherwise, Uceris requires a step therapy exception request indicating: (1) history of inadequate treatment response with formulary corticosteroid used to treat ulcerative colitis OR (2) history of adverse event with formulary corticosteroid used to treat ulcerative colitis, OR (3) formulary corticosteroid used to treat ulcerative colitis is contraindicated.

ULORIC

Products Affected

Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

Criteria
Step 1 Drugs: Allopurinol Step 2 Drug: Uloric. Claim for prescription Uloric (Step 2) will pay automatically if the enrollee has paid claims history of any 1 days' supply of a single Step 1 Drug in the member's overall utilization history (lifetime).

VRAYLAR

Products Affected

Step 2:

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria	
	Claim will pay automatically for VRAYLAR if enrollee has a paid claim for at least a 1 days' supply of ARIPIPRAZOLE, OLANZAPINE, QUETIAPINE, RISPERIDONE, and ZIPRASIDONE OR LATUDA in the past 365 days. Otherwise, Vraylar requires a step therapy exception request indicating any ONE of the following criteria 1,2, 3 OR 4: (1) history of inadequate treatment response with ARIPIPRAZOLE, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE, or LATUDA OR (2) history of adverse event with ARIPIPRAZOLE, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE, or LATUDA OR (3) ARIPIPRAZOLE, OLANZAPINE, QUETIAPINE, RISPERIDONE, ZIPRASIDONE or LATUDA are contraindicated. OR (4) EXCEPTION- Diagnosis OF MANIC EPIISODES ASSOCIATED WITH BIPOLAR DISORDER, WILL BE APPROVED WITHOUT REQUIREMENT OF PRIOR THERAPY.

Alphabetical Listing

A

ACTEMRA SOLUTION 200 MG/10ML
INTRAVENOUS 5
ACTEMRA SOLUTION 400 MG/20ML
INTRAVENOUS 5
ACTEMRA SOLUTION 80 MG/4ML
INTRAVENOUS 5
ACTEMRA SOLUTION PREFILLED
SYRINGE 162 MG/0.9ML
SUBCUTANEOUS 5

C

CIMZIA KIT 2 X 200 MG
SUBCUTANEOUS 5
CIMZIA PREFILLED KIT 2 X 200
MG/ML SUBCUTANEOUS 5
COSENTYX 300 DOSE SOLUTION
PREFILLED SYRINGE 150 MG/ML
SUBCUTANEOUS 5
COSENTYX SENSOREADY 300
DOSE SOLUTION AUTO-
INJECTOR 150 MG/ML
SUBCUTANEOUS 5

D

DIFICID TABLET 200 MG ORAL.... 3

I

ibandronate sodium tablet 150 mg
oral 1

K

KINERET SOLUTION PREFILLED
SYRINGE 100 MG/0.67ML
SUBCUTANEOUS 5

L

levocetirizine dihydrochloride tablet
5 mg oral 2

N

NEXIUM PACKET 10 MG ORAL 4
NEXIUM PACKET 2.5 MG ORAL 4
NEXIUM PACKET 20 MG ORAL 4
NEXIUM PACKET 40 MG ORAL 4
NEXIUM PACKET 5 MG ORAL..... 4

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O

ORENCIA CLICKJECT SOLUTION
AUTO-INJECTOR 125 MG/ML
SUBCUTANEOUS 5
ORENCIA SOLUTION PREFILLED
SYRINGE 125 MG/ML
SUBCUTANEOUS 5
ORENCIA SOLUTION PREFILLED
SYRINGE 50 MG/0.4ML
SUBCUTANEOUS 5
ORENCIA SOLUTION PREFILLED
SYRINGE 87.5 MG/0.7ML
SUBCUTANEOUS 5
ORENCIA SOLUTION
RECONSTITUTED 250 MG
INTRAVENOUS 5

S

SIMPONI ARIA SOLUTION 50
MG/4ML INTRAVENOUS 5
SIMPONI SOLUTION AUTO-
INJECTOR 100 MG/ML
SUBCUTANEOUS 5
SIMPONI SOLUTION AUTO-
INJECTOR 50 MG/0.5ML
SUBCUTANEOUS 5
SIMPONI SOLUTION PREFILLED
SYRINGE 100 MG/ML
SUBCUTANEOUS 5
SIMPONI SOLUTION PREFILLED
SYRINGE 50 MG/0.5ML
SUBCUTANEOUS 5
STELARA SOLUTION 130 MG/26ML
INTRAVENOUS 5
STELARA SOLUTION 45 MG/0.5ML
SUBCUTANEOUS 5
STELARA SOLUTION PREFILLED
SYRINGE 45 MG/0.5ML
SUBCUTANEOUS 5

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STELARA SOLUTION PREFILLED
SYRINGE 90 MG/ML
SUBCUTANEOUS 5

T
TRINTELLIX TABLET 10 MG ORAL 7
TRINTELLIX TABLET 20 MG ORAL 7
TRINTELLIX TABLET 5 MG ORAL.. 7

U
UCERIS FOAM 2 MG/ACT RECTAL 8
UCERIS TABLET EXTENDED
RELEASE 24 HOUR 9 MG ORAL . 8
ULORIC TABLET 40 MG ORAL..... 9

ULORIC TABLET 80 MG ORAL 9
V

VRAYLAR CAPSULE 1.5 MG ORAL10
VRAYLAR CAPSULE 3 MG ORAL.. 10
VRAYLAR CAPSULE 4.5 MG ORAL10
VRAYLAR CAPSULE 6 MG ORAL.. 10
VRAYLAR CAPSULE THERAPY PACK
1.5 & 3 MG ORAL..... 10

X
XELJANZ TABLET 10 MG ORAL..... 5
XELJANZ TABLET 5 MG ORAL 5