

# ALENDRONATE

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## Products Affected

### Step 2:

- *ibandronate sodium tablet 150 mg oral*

## Details

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| Criteria |  |
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|          | 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. |

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## ANTIHIISTAMINE

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### Products Affected

#### Step 2:

- *levocetirizine dihydrochloride*  
*tablet 5 mg oral*

### Details

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| 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) |

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## DIFICID

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### Products Affected

#### Step 2:

- DIFICID TABLET 200 MG ORAL

### Details

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| Criteria   |
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| 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

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### 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

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| Criteria   |
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| 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

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### 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

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| Criteria  |
|---|
| Claim will pay automatically for the requested drug (Actemra, Cimzia, Cosentyx, Kineret, Orenzia, Simponi, Formulary ID: 18319<br>Last Updated: 10/18/2018<br>Version: 17 Effective: 11/01/2018 |

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2018 Step Therapy Criteria

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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

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## Products Affected

### Step 2:

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

## Details

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| 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

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## Products Affected

### Step 2:

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

## Details

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| Criteria   |
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| 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

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## Products Affected

### Step 2:

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

## Details

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| 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

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## 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

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| 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

Formulary ID: 18319

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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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2018 Step Therapy Criteria

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 ORAL 10  
VRAYLAR CAPSULE 3 MG ORAL.. 10  
VRAYLAR CAPSULE 4.5 MG ORAL 10  
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