

2020 Cigna-Healthspring Step Therapy Criteria - MAPD - MMP

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS MAPD 2020	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension and Viibryd. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a step 2 drug at any time in the past and discontinued their use may receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.	FETZIMA CP24	Step therapy applies to new starts only	2
		FETZIMA TITRATION PACK C4PK	Step therapy applies to new starts only	2
		PAXIL SUSP	Step therapy applies to new starts only	2
		VIIBRYD STARTER PACK KIT	Step therapy applies to new starts only	2
		VIIBRYD TABS	Step therapy applies to new starts only	2
		BUPROPION HCL TABS		1
		BUPROPION HYDROCHLORIDE ER (SR) TB12		1
		BUPROPION HYDROCHLORIDE ER (XL) TB24		1
		BUPROPION HYDROCHLORIDE TABS		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		DULOXETINE HCL		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HYDROCHLORIDE CAPS		1
		FLUOXETINE HYDROCHLORIDE SOLN		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
		PAROXETINE HCL ER TB24		1
		PAROXETINE HCL TABS		1
		PAROXETINE HYDROCHLORIDE TABS		1
		SERTRALINE HCL CONC		1
		SERTRALINE HCL TABS		1
		SERTRALINE HYDROCHLORIDE TABS		1
		TRAZODONE HYDROCHLORIDE TABS		1
VENLAFAXINE HCL ER CP24		1		
VENLAFAXINE HCL TABS		1		
ATYPICAL ANTIPSYCHOTIC MAPD 2020	Step-1 Drugs: olanzapine, olanzapine odt, quetiapine fumarate, risperidone, risperidone odt and ziprasidone hcl. Step-2 Drugs: Fanapt, paliperidone er, and Vraylar. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Schizoaffective Disorder, in which case step therapy for paliperidone er does not apply.	FANAPT TABS	Step therapy applies to new starts only	2
		FANAPT TITRATION PACK TABS	Step therapy applies to new starts only	2
		PALIPERIDONE ER TB24	Step therapy applies to new starts only	2
		VRAYLAR CAPS	Step therapy applies to new starts only	2
		VRAYLAR CPPK	Step therapy applies to new starts only	2
		OLANZAPINE ODT TBDP		1
		OLANZAPINE TABS		1
		QUETIAPINE FUMARATE TABS		1
		RISPERIDONE M-TAB TBDP		1
		RISPERIDONE ODT TBDP		1
		RISPERIDONE SOLN		1
		RISPERIDONE TABS		1
ZIPRASIDONE HCL CAPS		1		
EDARBI MAPD 2020	Step-1 Drugs: candesartan cilexetil, irbesartan, losartan potassium, olmesartan, telmisartan and valsartan. Step-2 Drug: Edarbi. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Authorization may be given for a Step 2 product that does not have a generic equivalent available in Step 1 if the patient was recently hospitalized and discharged within the previous 30 days for a CV event (e.g., MI, hypertensive emergency, decompensated HF) and has already been started and stabilized on the agent.	EDARBI TABS	Step therapy applies	2
		CANDESARTAN CILEXETIL TABS		1
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN TABS		1
		VALSARTAN TABS		1

EDARBYCLOR MAPD 2020	Step-1 Drugs: candesartan cilexetil/hctz, irbesartan/hctz, losartan potassium/hctz, olmesartan/hctz, telmisartan/hctz and valsartan/hctz. Step 2 Drug: Edarbyclor. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Authorization may be given for a Step 2 product that does not have a generic equivalent available in Step 1 if the patient was recently hospitalized and discharged within the previous 30 days for a CV event (e.g., MI, hypertensive emergency, decompensated HF) and has already been started and stabilized on the agent.	EDARBYCLOR TABS	Step therapy applies	2
		CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE TABS		1
		IRBESARTAN/HYDROCHLOROTHIAZIDE TABS		1
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE TABS		1
		OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE TABS		1
		TELMISARTAN/HYDROCHLOROTHIAZIDE TABS		1
		VALSARTAN/HYDROCHLOROTHIAZIDE TABS		1
FEBUXOSTAT MAPD 2020	Step-1 Drug: allopurinol. Step-2 Drug: febuxostat. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Authorization for febuxostat may be given if the patient is receiving concomitant medications that have significant drug-drug interactions with the Step 1 agent (allopurinol) which are not noted with febuxostat tablets (e.g., cyclosporine, chlorpropamide).	FEBUXOSTAT TABS	Step therapy applies	2
		ALLOPURINOL TABS		1
GLAUCOMA MAPD 2020	Step-1 Drugs: Azopt, betaxolol, bimatoprost, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, Travatan Z, travoprost. Step-2 Drugs: Rocklatan, Rhopressa. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.	RHOPRESSA SOLN	Step therapy applies	2
		ROCKLATAN SOLN	Step therapy applies	2
		AZOPT SUSP		1
		BETAXOLOL HCL SOLN		1
		BIMATOPROST SOLN		1
		BRIMONIDINE TARTRATE SOLN		1
		CARTEOLOL HCL SOLN		1
		COMBIGAN SOLN		1
		DORZOLAMIDE HCL SOLN		1
		DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN		1
		LATANOPROST SOLN		1
		LEVOBUNOLOL HCL SOLN		1
		LUMIGAN SOLN		1
		PILOCARPINE HCL SOLN		1
		TIMOLOL MALEATE SOLN		1
		TRAVATAN Z SOLN		1
		TRAVOPROST SOLN		1
		INJECTABLE DIABETIC COMBINATIONS MAPD 2020	Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drugs: Soliqua and Xultophy. The member must have tried a 30 day supply or more of any one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.	SOLIQUA 100/33 SOPN
XULTOPHY 100/3.6 SOPN	Step therapy applies			2
BYDUREON BCISE AUIJ				1
BYDUREON PEN PEN				1
HUMULIN 70/30 KWIKPEN SUPN				1
HUMULIN 70/30 SUSP				1
HUMULIN N KWIKPEN SUPN				1
HUMULIN N SUSP				1
LANTUS SOLN				1
LANTUS SOLOSTAR SOPN				1
LEVEMIR FLEXTOUCH SOPN				1
LEVEMIR SOLN				1
OZEMPIC SOPN				1
TOUJEO MAX SOLOSTAR SOPN				1
TOUJEO SOLOSTAR SOPN				1
TRESIBA FLEXTOUCH SOPN				1
TRESIBA SOLN				1
TRULICITY SOPN		1		
VICTOZA SOPN		1		
RYTARY MAPD 2020	Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa ODT, and carbidopa/levodopa/entacapone. Step-2 Drug: Rytary. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.	RYTARY CPCR	Step therapy applies	2
		CARBIDOPA/LEVODOPA ER TBCR		1
		CARBIDOPA/LEVODOPA ODT TBDP		1
		CARBIDOPA/LEVODOPA TABS		1
		CARBIDOPA/LEVODOPA/ENTACAPONE TABS		1

TRINTELLIX MAPD 2020	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drug: Trintellix. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a step 2 drug at any time in the past and discontinued their use may receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.	TRINTELLIX TABS	Step therapy applies to new starts only	2
		BUPROPION HCL TABS		1
		BUPROPION HYDROCHLORIDE ER (SR) TB12		1
		BUPROPION HYDROCHLORIDE ER (XL) TB24		1
		BUPROPION HYDROCHLORIDE TABS		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		DULOXETINE HCL		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HYDROCHLORIDE CAPS		1
		FLUOXETINE HYDROCHLORIDE SOLN		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
		PAROXETINE HCL ER TB24		1
		PAROXETINE HCL TABS		1
		PAROXETINE HYDROCHLORIDE TABS		1
		SERTRALINE HCL CONC		1
		SERTRALINE HCL TABS		1
		SERTRALINE HYDROCHLORIDE TABS		1
TRAZODONE HYDROCHLORIDE TABS		1		
VENLAFAXINE HCL ER CP24		1		
VENLAFAXINE HCL TABS		1		
XHANCE MAPD 2020	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Xhance. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.	XHANCE EXHU	Step therapy applies	2
		FLUTICASONE PROPIONATE SUSP		1