

2019 Cigna-HealthSpring Step Therapy Criteria - H0354 - Cigna-HealthSpring Preferred (HMO), Cigna-HealthSpring Achieve Plus (HMO SNP), Cigna-HealthSpring Preferred Plus (HMO)

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
Anticoagulant 2019	Step-1 Drugs: enoxaparin sodium and fondaparinux sodium. Step-2 Drug: Fragmin. The member must have tried a 7 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 365 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.	FRAGMIN SOLN	Step therapy applies	2
		ENOXAPARIN SODIUM IJ SOLN		1
		ENOXAPARIN SODIUM SC SOLN		1
		FONDAPARINUX SODIUM SOLN		1
Atypical Antipsychotic AZ 2019	Step-1 Drugs: aripiprazole, aripiprazole odt, olanzapine, olanzapine odt, quetiapine fumarate, risperidone, risperidone odt and ziprasidone hcl. Step-2 Drugs: Fanapt 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.	FANAPT TABS	Step therapy applies for new starts	2
		FANAPT TITRATION PACK TABS	Step therapy applies for new starts	2
		VRAYLAR CAPS	Step therapy applies for new starts	2
		VRAYLAR CPPK	Step therapy applies for new starts	2
		ARIPIPAZOLE ODT TBDP		1
		ARIPIPAZOLE SOLN		1
		ARIPIPAZOLE TABS		1
		OLANZAPINE ODT TBDP		1
		OLANZAPINE SOLR		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		
Avandia 2019	Step-1 Drug: pioglitazone hcl. Step-2 Drug: Avandia. 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.	AVANDIA TABS	Step therapy applies	2
		PIOGLITAZONE HCL TABS		1
Crestor 2019	Step-1 Drugs: generic oral formulary statins. Step-2 Drug: Crestor. 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 drug is not covered unless the above step therapy criteria are met.	CRESTOR TABS	Step therapy applies	2
		ATORVASTATIN CALCIUM TABS		1
		EZETIMIBE/SIMVASTATIN TABS		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
		SIMVASTATIN TABS		1
Dexilant AZ 2019	Step-1 Drugs: generic oral formulary proton pump inhibitors. Step-2 Drug: Dexilant. 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.	DEXILANT CPDR	Step therapy applies	2
		ESOMEPRAZOLE MAGNESIUM CPDR		1
		LANSOPRAZOLE CPDR		1
		OMEPRAZOLE CPDR		1
		PANTOPRAZOLE SODIUM TBEC		1
Edarbi AZ 2019	Step-1 Drugs: 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 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 drug is not covered unless the above step therapy criteria are met.	EDARBI TABS	Step therapy applies	2
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN TABS		1
Edarbyclor AZ 2019	Step-1 Drugs: irbesartan/hctz, losartan potassium/hctz, olmesartan/hctz and valsartan/hctz. Step-2 Drug: Edarbyclor. 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 drug is not covered unless the above step therapy criteria are met.	EDARBYCLOR TABS	Step therapy applies	2
		IRBESARTAN/HYDROCHLOROTHIAZIDE TABS		1
		LOSARTAN		1
		POTASSIUM/HYDROCHLOROTHIAZIDE TABS		1
		OLMESARTAN		1
		MEDOXOMIL/HYDROCHLOROTHIAZIDE TABS		1
		VALSARTAN/HYDROCHLOROTHIAZIDE TABS		1
Injectable Diabetic Combinations 2019	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 drug is not covered unless the above step therapy criteria are met.	SOLIQUA 100/33 SOPN	Step therapy applies	2
		XULTOPHY 100/3.6 SOPN	Step therapy applies	2
		BYDUREON BCISE AUIJ		1
		BYDUREON PEN PEN		1
		BYDUREON SRER		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
		NOVOLIN 70/30 RELION SUSP		1
		NOVOLIN 70/30 SUSP		1
		NOVOLIN N RELION SUSP		1
		NOVOLIN N SUSP		1
		OZEMPIC SOPN		1
		TOUJEO MAX SOLOSTAR SOPN		1
		TOUJEO SOLOSTAR SOPN		1
		TRESIBA FLEXTOUCH SOPN		1
		TRULICITY SOPN		1
		VICTOZA SOPN		1

Insulin 2019	Step-1 Drugs: Humalog, Humalog Mix, Humulin and Humulin 70/30. Step-2 Drugs: Novolog, Novolog Mix, Novolin and Novolin 70/30. 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 365 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.	NOVOLIN 70/30 RELION SUSP	Step therapy applies	2
		NOVOLIN 70/30 SUSP	Step therapy applies	2
		NOVOLIN N RELION SUSP	Step therapy applies	2
		NOVOLIN N SUSP	Step therapy applies	2
		NOVOLIN R INNOLET SOLN	Step therapy applies	2
		NOVOLIN R RELION SOLN	Step therapy applies	2
		NOVOLIN R SOLN	Step therapy applies	2
		NOVOLOG FLEXPEN SOPN	Step therapy applies	2
		NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	Step therapy applies	2
		NOVOLOG MIX 70/30 SUSP	Step therapy applies	2
		NOVOLOG PENFILL SOCT	Step therapy applies	2
		NOVOLOG SOLN	Step therapy applies	2
		HUMALOG JUNIOR KWIKPEN SOPN		1
		HUMALOG KWIKPEN SOPN		1
		HUMALOG MIX 50/50 KWIKPEN SUPN		1
		HUMALOG MIX 50/50 SUSP		1
		HUMALOG MIX 75/25 KWIKPEN SUPN		1
		HUMALOG MIX 75/25 SUSP		1
		HUMALOG SOCT		1
		HUMALOG SOLN		1
		HUMULIN 70/30 KWIKPEN SUPN		1
		HUMULIN 70/30 SUSP		1
HUMULIN N KWIKPEN SUPN		1		
HUMULIN N SUSP		1		
HUMULIN R SOLN		1		
HUMULIN R U-500 (CONCENTRATED) SOLN		1		
HUMULIN R U-500 KWIKPEN SOPN		1		
Livalo 2019	Step-1 Drugs: oral generic statins. Step-2 Drug: Livalo. 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.	LIVALO TABS	Step therapy applies	2
		ATORVASTATIN CALCIUM TABS		1
		EZETIMIBE/SIMVASTATIN TABS		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
Lumigan 2019	Step-1 Drugs: bimatoprost, latanoprost, Travatan Z and Zioptan. Step-2 Drug: Lumigan. 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 drug is not covered unless the above step therapy criteria are met.	LUMIGAN SOLN	Step therapy applies	2
		BIMATOPROST SOLN		1
		LATANOPROST SOLN		1
		TRAVATAN Z SOLN		1
		ZIOPTAN SOLN		1
Nevanac 2019	Step-1 Drug: Prolensa. Step-2 Drug: Nevanac. The member must have tried a 7 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 not covered unless the above step therapy criteria are met.	NEVANAC SUSP	Step therapy applies	2
		PROLENSA SOLN		1
Rytary 2019	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
Triptan AZ 2019	Step-1 Drugs: rizatriptan benzoate and sumatriptan succinate. Step-2 Drug: naratriptan hcl. The member must have tried a 14 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered	CARBIDOPA/LEVODOPA/ENTACAPONE TABS		1
		NARATRIPTAN HCL TABS	Step therapy applies	2
		RIZATRIPTAN BENZOATE ODT TBDP		1
		RIZATRIPTAN BENZOATE TABS		1
		SUMATRIPTAN SOLN		1
		SUMATRIPTAN SUCCINATE REFILL SOCT		1
		SUMATRIPTAN SUCCINATE SOAJ		1
		SUMATRIPTAN SUCCINATE SOLN		1
SUMATRIPTAN SUCCINATE SOSY		1		
Uloric 2019	Step-1 Drug: allopurinol. Step-2 Drug: Uloric. 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 not covered unless the above step therapy criteria are met.	ULORIC TABS	Step therapy applies	2
		ALLOPURINOL TABS		1
		ALLOPURINOL SODIUM SOLR		1