

2019 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 2019	Step-1 Drugs: bupropion, citalopram, 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.	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 KIT	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 ER TB12		1
		BUPROPION HCL SR TB12		1
		BUPROPION HCL TABS		1
		BUPROPION HCL XL TB24		1
		BUPROPION HYDROCHLORIDE TABS		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HCL SOLN		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUVOXAMINE MALEATE ER CP24		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
PAROXETINE HCL ER TB24		1		
PAROXETINE HCL TABS		1		
SERTRALINE HCL CONC		1		
SERTRALINE HCL TABS		1		
TRAZODONE HYDROCHLORIDE TABS		1		
VENLAFAXINE HCL ER CP24		1		
VENLAFAXINE HCL TABS		1		
Atypical Antipsychotic 2019	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		
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
Edarbi 2019	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 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
		CANDESARTAN CILEXETIL TABS		1
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN TABS		1
VALSARTAN TABS		1		
Edarbyclor 2019	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 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
		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
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.	<b>SOLIQUA 100/33 SOPN</b>	<b>Step therapy applies</b>	<b>2</b>
		<b>XULTOPHY 100/3.6 SOPN</b>	<b>Step therapy applies</b>	<b>2</b>
		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
		OZEMPIC SOPN		1
		TOUJEO MAX SOLOSTAR SOPN		1
		TOUJEO SOLOSTAR SOPN		1
		TRESIBA FLEXTOUCH SOPN		1
TRULICITY SOPN		1		
VICTOZA 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.	<b>LIVALO TABS</b>	<b>Step therapy applies</b>	<b>2</b>
		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.	<b>LUMIGAN SOLN</b>	<b>Step therapy applies</b>	<b>2</b>
		BIMATOPROST SOLN		1
		LATANOPROST SOLN		1
		TRAVATAN Z SOLN		1
		ZIOPTAN 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.	<b>RYTARY CPCR</b>	<b>Step therapy applies</b>	<b>2</b>
		CARBIDOPA/LEVODOPA ER TBCR		1
		CARBIDOPA/LEVODOPA ODT TBDP		1
		CARBIDOPA/LEVODOPA TABS		1
		CARBIDOPA/LEVODOPA/ENTACAPONE TABS		1
Trintellix 2019	Step-1 Drugs: bupropion, citalopram, 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.	<b>TRINTELLIX TABS</b>	<b>Step therapy applies to new starts only</b>	<b>2</b>
		BUPROPION HCL ER TB12		1
		BUPROPION HCL SR TB12		1
		BUPROPION HCL TABS		1
		BUPROPION HCL XL TB24		1
		BUPROPION HYDROCHLORIDE TABS		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HCL SOLN		1
		FLUOXETINE HYDROCHLORIDE TABS		1
		FLUVOXAMINE MALEATE ER CP24		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
		PAROXETINE HCL ER TB24		1
		PAROXETINE HCL TABS		1
		SERTRALINE HCL CONC		1
		SERTRALINE HCL TABS		1
TRAZODONE HYDROCHLORIDE TABS		1		
VENLAFAXINE HCL ER CP24		1		
VENLAFAXINE HCL TABS		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 is not covered unless the above step therapy criteria are met.	<b>ULORIC TABS</b>	<b>Step therapy applies</b>	<b>2</b>
		ALLOPURINOL TABS		1
		ALLOPURINOL SODIUM SOLR		1