

2019 Cigna-Healthspring Step Therapy Criteria - Cigna-HealthSpring Rx Secure Essential (PDP)

Step Therapy Group		Trade Name	Step Therapy Part D Type Description	Step Number
Anticonvulsants, Adjunct Therapy PDP Secure-Essential 2019	Step-1 Drugs: carbamazepine (chew tabs, oral susp, tabs, er caps, or er tabs), Dilantin 30mg caps, Epitol Tabs, divalproex sodium (dr sprinkle caps, dr tabs, or er tabs), lamotrigine (chew tabs, tabs, er tabs, or odt), levetiracetam (oral soln, tabs, or er tabs), oxcarbazepine (oral susp or tabs), Peganone Tabs, phenytoin (chew tabs or oral susp), phenytoin extended caps, Rowcepra (tabs, or XR tabs), topiramate (sprinkle caps, or tabs), valproic acid caps, and valproic acid oral soln. Step-2 Drugs: Aptiom Tabs, Gabitril 12mg and 16mg Tabs, and tiagabine tabs. 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 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.	APTIOM TABS	Step therapy applies to new starts only	2
		GABITRIL TABS	Step therapy applies to new starts only	2
		TIAGABINE HYDROCHLORIDE TABS	Step therapy applies to new starts only	2
		CARBAMAZEPINE CHEW		1
		CARBAMAZEPINE ER CP12		1
		CARBAMAZEPINE ER TB12		1
		CARBAMAZEPINE SUSP		1
		CARBAMAZEPINE TABS		1
		DILANTIN CAPS		1
		DIVALPROEX SODIUM CSDR		1
		DIVALPROEX SODIUM DR TBEC		1
		DIVALPROEX SODIUM ER TB24		1
		EPITOL TABS		1
		LAMOTRIGINE CHEW		1
		LAMOTRIGINE ER TB24		1
		LAMOTRIGINE ODT TBDP		1
		LAMOTRIGINE TABS		1
		LEVETIRACETAM ER TB24		1
		LEVETIRACETAM SOLN		1
		LEVETIRACETAM TABS		1
		OXCARBAZEPINE SUSP		1
		OXCARBAZEPINE TABS		1
		PEGANONE TABS		1
		PHENYTOIN CHEW		1
		PHENYTOIN INFATABS CHEW		1
		PHENYTOIN SODIUM EXTENDED CAPS		1
		PHENYTOIN SODIUM SOLN		1
		PHENYTOIN SUSP		1
		ROWEEPRA TABS		1
		ROWEEPRA XR TB24		1
		TOPIRAMATE CPSP		1
		TOPIRAMATE TABS		1
		VALPROATE SODIUM SOLN		1
VALPROIC ACID CAPS		1		
VALPROIC ACID SOLN		1		
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 TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		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
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 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.	EDARBI TABS	Step therapy applies	2
		CANDESARTAN CILEXETIL TABS		1
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN 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 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.	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
Exforge HCT Secure-Essential 2019	Step-1 Drug: amlodipine/valsartan/hctz. Step-2 Drug: Exforge HCT. 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.	EXFORGE HCT TABS	Step therapy applies	2
		AMLODIPINE/VALSARTAN/HCTZ TABS		1
Exjade 2019	Step-1 Drug: Jadenu. Step-2 Drug: Exjade. The member must have tried a 30 day supply or more of one Step-1 drug 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.	EXJADE TBSO	Step therapy applies	2
		JADENU SPRINKLE PACK		1
		JADENU TABS		1
Fortamet 2019	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drug: Fortamet. The member must have tried a 30 day supply or more of both generic Glucophage XR AND generic Fortamet 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.	FORTAMET TB24	Step therapy applies	2
		METFORMIN HCL ER TB24 (generic for Glucophage XR)		1
		METFORMIN HCL ER TB24 (generic for Fortamet)		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
		BYETTA SOPN		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
Lumigan Secure-Essential 2019	Step-1 Drugs: latanoprost and Travatan Z. 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
		LATANOPROST SOLN		1
		TRAVATAN Z SOLN		1

Metformin ER (generic for Glumetza) 2019	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drugs: metformin ER 500mg and 1000mg tablets (generic Glumetza) . The member must have tried a 30 day supply or more of both generic Glucophage XR AND generic Fortamet 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.	METFORMIN HCL ER TB24 (generic for Glumetza)	Step therapy applies	2
		METFORMIN HCL ER TB24 (generic for Glucophage XR)		1
		METFORMIN HCL ER TB24 (generic for Fortamet)		1
Nasal Steroids 2019	Step-1 Drugs: flunisolide nasal spray and fluticasone propionate nasal spray. Step-2 Drugs: mometasone furoate nasal spray and Nasonex. The member must have tried a 30 day supply or more of 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. For the diagnosis of nasal polyps and seasonal allergic rhinitis prophylaxis only one Step-1 drug is required. Step-2 drug is not covered unless the above step therapy criteria are met.	MOMETASONE FUROATE SUSP	Step therapy applies	2
		NASONEX SUSP	Step therapy applies	2
		FLUNISOLIDE SOLN		1
		FLUTICASONE PROPIONATE SUSP		1
Niaspan 2019	Step-1 Drugs: niacin ER. Step-2 Drug: Niapan. 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.	NIASPAN TBCR	Step therapy applies	2
		NIACIN ER TBCR		1
Omeprazole/Sodium Bicarbonate Secure-Essential 2019	Step-1 Drugs: niacin ER. Step-2 Drug: Niapan. 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.	OMEPRAZOLE/SODIUM BICARBONATE CAPS	Step therapy applies	2
		ESOMEPRAZOLE MAGNESIUM CPDR		1
		OMEPRAZOLE CPDR		1
		PANTOPRAZOLE SODIUM TBEC		1
Spiriva Handihaler Secure-Essential 2019	Step-1 Drugs: Anoro Ellipta, Incruse Ellipta and Trelegy Ellipta. Step 2 Drug: Spiriva Handihaler. 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.	SPIRIVA HANDIHALER CAPS	Step therapy applies	2
		ANORO ELLIPTA AEPB		1
		INCRUSE ELLIPTA AEPB		1
		TRELEGY ELLIPTA AEPB		1
Strattera Secure-Essential 2019	Step-1 Drug: atomoxetine. Step-2 Drug: Strattera. 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.	STRATTERA CAPS	Step therapy applies to new starts only	2
		ATOMOXETINE CAPS		1
Symbicort Secure-Essential 2019	Step-1 Drugs: Advair Diskus, Advair HFA and Breo Ellipta. Step-2 Drug: Symbicort. 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.	SYMBICORT AERO	Step therapy applies	2
		ADVAIR DISKUS AEPB		1
		ADVAIR HFA AERO		1
		BREO ELLIPTA AEPB		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.	TRINTELLIX 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 TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		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		