

2020 Cigna-Healthspring Step Therapy Criteria - PDP EGWP Base Plus

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EGWP BASE PLUS 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 ER CP24		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 ER TB24		1		
VENLAFAXINE HCL TABS		1		
VENLAFAXINE HYDROCHLORIDE ER TB24		1		
APIDRA PDP EGWP BASE PLUS 2020	Step-1 Drug: Humalog. Step-2 Drugs: Apidra and Apidra Solostar. 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 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.	APIDRA SOLN	Step therapy applies	2
		APIDRA SOLOSTAR SOPN	Step therapy applies	2
		HUMALOG SOCT		1
		HUMALOG SOLN		1
		HUMALOG JUNIOR KWIKPEN SOPN		1
		HUMALOG KWIKPEN SOPN		1
ASACOL PDP EGWP BASE PLUS 2020	Step-1 Drugs: Apriso, Lialda, mesalamine DR, mesalamine ER, Pentasa, sulfasalazine, sulfasalazine DR. Step-2 Drug: Asacol HD. 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 drug is not covered unless the above step therapy criteria are met.	ASACOL HD TBEC	Step therapy applies	2
		APRISO CP24		1
		LIALDA TBEC		1
		MESALAMINE DR TBEC		1
		MESALAMINE DR CPDR		1
		MESALAMINE ER CAP		1
		PENTASA CPCR		1
		SULFASALAZINE		1
		SULFASALAZINE DR		1
ASTHMA PDP EGWP BASE PLUS 2020	Step-1 Drugs: Arnuity Ellipta, Flovent Diskus and Flovent HFA. Step-2 Drugs: Alvesco, Asmanex, Pulmicort Flexhaler and Qvar. 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.	ALVESCO AERS	Step therapy applies	2
		ASMANEX HFA AERO	Step therapy applies	2
		ASMANEX TWISTHALER 120 METERED DOSES AEPB	Step therapy applies	2
		ASMANEX TWISTHALER 14 METERED DOSES AEPB	Step therapy applies	2
		ASMANEX TWISTHALER 30 METERED DOSES AEPB	Step therapy applies	2
		ASMANEX TWISTHALER 60 METERED DOSES AEPB	Step therapy applies	2
		ASMANEX TWISTHALER 7 METERED DOSES AEPB	Step therapy applies	2
		PULMICORT FLEXHALER AEPB	Step therapy applies	2
		QVAR REDIHALER AERB	Step therapy applies	2
		ARNUITY ELLIPTA AEPB		1
		FLOVENT DISKUS AEPB		1
		FLOVENT HFA AERO		1

ATYPICAL ANTIPSYCHOTIC PDP EGWP BASE PLUS 2020	Step-1 Drugs: aripiprazole, olanzapine, olanzapine odt, paliperidone ER, quetiapine fumarate, quetiapine fumarate ER, 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 to new starts only	2
		FANAPT TITRATION PACK TABS	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
		ARIPIPRAZOLE ODT TBDP		1
		ARIPIPRAZOLE SOLN		1
		ARIPIPRAZOLE TABS		1
		OLANZAPINE ODT TBDP		1
		OLANZAPINE TABS		1
		PALIPERIDONE ER TB24		1
		QUETIAPINE FUMARATE ER TB24		1
		QUETIAPINE FUMARATE TABS		1
		RISPERIDONE M-TAB TBDP		1
		RISPERIDONE ODT TBDP		1
		RISPERIDONE SOLN		1
		RISPERIDONE TABS		1
		ZIPRASIDONE HCL CAPS		1
BISPHOSPHONATE PDP EGWP BASE PLUS 2020	Step-1 Drugs: alendronate sodium, ibandronate sodium tablets and risedronate sodium. Step-2 Drug: Fosamax Plus D. 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 drug is not covered unless the above step therapy criteria are met.	FOSAMAX PLUS D TABS	Step therapy applies	2
		ALENDRONATE SODIUM SOLN		1
		ALENDRONATE SODIUM TABS		1
		IBANDRONATE SODIUM TABS		1
		RISEDRONATE SODIUM DR TBEC		1
		RISEDRONATE SODIUM TABS		1
BRAND ARB/HCTZ COMBOS PDP EGWP BASE PLUS 2020	Step-1 Drugs: candesartan cilexetil/hctz, irbesartan/hctz, losartan potassium/hctz, olmesartan/hctz, telmisartan/hctz and valsartan/hctz. Step-2 Drug: Edarbyclor, Exforge HCT and Tribenzor. 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
		EXFORGE HCT TABS	Step therapy applies	2
		TRIBENZOR 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
BRAND ARBS PDP EGWP BASE PLUS 2020	Step-1 Drugs: candesartan cilexetil, irbesartan, losartan potassium, olmesartan, telmisartan and valsartan. Step-2 Drugs: Azor, Edarbi and Exforge. 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. 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.	AZOR TABS	Step therapy applies	2
		EDARBI TABS	Step therapy applies	2
		EXFORGE 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
CRESTOR PDP EGWP BASE PLUS 2020	Step-1 Drugs: generic 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
		FLUVASTATIN CAPS		1
		FLUVASTATIN SODIUM ER TB24		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
		SIMVASTATIN TABS		1

CYMBALTA/TRINTELLIX PDP EGWP BASE PLUS 2020	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Cymbalta and 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 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. 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.	CYMBALTA CPEP	Step therapy applies to new starts only	2
		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
		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
		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 ER TB24		1		
VENLAFAXINE HCL TABS		1		
VENLAFAXINE HYDROCHLORIDE ER TB24		1		
DIPENTUM PDP EGWP BASE PLUS 2020	Step-1 Drugs: Apriso, Asacol HD, balsalazide, Delzicol, Lialda, mesalamine DR, Pentasa and sulfasalazine. Step-2 Drug: Dipentum. 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.	DIPENTUM CAPS	Step therapy applies	2
		APRISO CP24		1
		ASACOL HD TBEC		1
		BALSALAZIDE DISODIUM CAPS		1
		DELZICOL CPDR		1
		LIALDA TBEC		1
		MESALAMINE DR CPDR		1
		MESALAMINE DR TBEC		1
		MESALAMINE ER CAP		1
		PENTASA CPCR		1
		SULFASALAZINE TABS		1
		SULFASALAZINE TBEC		1
		DPP-4 PDP EGWP BASE PLUS 2020	Step-1 Drugs: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR and Tradjenta. Step-2 Drugs: Kombiglyze XR and Onglyza. 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.	KOMBIGLYZE XR TB24
ONGLYZA TABS	Step therapy applies			2
JANUMET TABS				1
JANUMET XR TB24				1
JANUVIA TABS				1
JENTADUETO TABS				1
JENTADUETO XR TB24				1
TRADJENTA TABS		1		
EXJADE PDP EGWP BASE PLUS 2020	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 TABS		1
		JADENU SPRINKLE PACK		1
GLAUCOMA PDP EGWP BASE PLUS 2020	Step-1 Drugs: Alphagan P, Azopt, betaxolol, bimatoprost, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, dorzolamide/timolol PF, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, timolol ophthalmic gel forming solution, 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
		ALPHAGAN P SOLN		1
		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
		DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF SOLN		1
		LATANOPROST SOLN		1
		LEVOBUNOLOL HCL SOLN		1
		LUMIGAN SOLN		1
		PILOCARPINE HCL SOLN		1
		TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG		1
		TIMOLOL MALEATE SOLN		1
		TRAVOPROST SOLN		1
TRAVATAN Z SOLN		1		

GLUMETZA PDP EGWP BASE PLUS 2020	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drugs: Glumetza and metformin ER 500mg, 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 drugs are not covered unless the above step therapy criteria are met.	GLUMETZA TB24	Step therapy applies	2	
		METFORMIN HCL ER TB24 (generic for Glumetza)	Step therapy applies	2	
		METFORMIN HCL ER TB24 (generic Fortamet)			1
		METFORMIN HCL ER TB24 (generic Glucophage XR)			1
INJECTABLE DIABETIC COMBINATIONS PDP EGWP BASE PLUS 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 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 AUJ			1
		BYDUREON PEN PEN			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
		NOVOLIN 70/30 FLEXPEN RELION SUPN			1
		NOVOLIN 70/30 FLEXPEN SUPN			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		
TRESIBA SOLN			1		
TRULICITY SOPN			1		
VICTOZA SOPN			1		
INSULIN PDP EGWP BASE PLUS 2020	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 FLEXPEN RELION SUPN	Step therapy applies	2	
		NOVOLIN 70/30 FLEXPEN SUPN	Step therapy applies	2	
		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 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		
NASAL STEROIDS PDP EGWP BASE PLUS 2020	Step-1 Drugs: flunisolide nasal spray, fluticasone propionate nasal spray, and mometasone furoate nasal spray. Step-2 Drug: Veramyst. 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.	VERAMYST SUSP	Step therapy applies	2	
		FLUNISOLIDE SOLN			1
		FLUTICASONE PROPIONATE SUSP			1
		MOMETASONE FUROATE SUSP			1
PATADAY PDP EGWP BASE PLUS 2020	Step-1 Drugs: olopatadine 0.1% ophthalmic solution and olopatadine 0.2% ophthalmic solution. Step-2 Drug: Pataday. 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.	PATADAY SOLN	Step therapy applies	2	
		OLOPATADINE HCL SOLN			1
		OLOPATADINE HYDROCHLORIDE SOLN			1
RYTARY PDP EGWP BASE PLUS 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 CPR	Step therapy applies	2	
		CARBIDOPA/LEVODOPA TABS			1
		CARBIDOPA/LEVODOPA ER TBCR			1
		CARBIDOPA/LEVODOPA ODT TBDP			1
		CARBIDOPA/LEVODOPA/ENTACAPONE TABS			1

TRIPATAN PDP EGWP BASE PLUS 2020	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan, frovatriptan and Frova. 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 drugs are not covered unless the above step therapy criteria are met.	ALMOTRIPTAN TABS	Step therapy applies	2
		ALMOTRIPTAN MALATE TABS	Step therapy applies	2
		ELETRIPATAN HYDROBROMIDE TABS	Step therapy applies	2
		FROVA TABS	Step therapy applies	2
		FROVATRIPTAN SUCCINATE TABS	Step therapy applies	2
		NARATRIPTAN HCL TABS		1
		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
SUMATRIPTAN SUCCINATE TABS		1		
ULORIC PDP EGWP BASE PLUS 2020	Step-1 Drug: allopurinol. Step-2 Drug: Uloric, 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 or Uloric 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).	ULORIC TABS	Step therapy applies	2
		FEBUXOSTAT TABS	Step therapy applies	2
		ALLOPURINOL TABS		1
Urinary Antispasmodics PDP EGWP 2019	Step-1 Drugs: darifenacin ER, Myrbetriq, oxybutynin chloride, oxybutynin chloride ER, tolterodine tartrate, tolterodine tartrate ER, trospium chloride, trospium chloride ER and Vesicare. Step-2 Drug: Toviaz. 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.	TOVIAZ TB24	Step therapy applies	2
		DARIFENACIN HYDROBROMIDE ER TB24		1
		MYRBETRIQ TB24		1
		OXYBUTYNIN CHLORIDE SYRP		1
		OXYBUTYNIN CHLORIDE TABS		1
		OXYBUTYNIN CHLORIDE ER TB24		1
		TOLTERODINE TARTRATE TABS		1
		TOLTERODINE TARTRATE ER CP24		1
		TROSPIUM CHLORIDE TABS		1
		TROSPIUM CHLORIDE ER CP24		1
XHANCE PDP EGWP BASE PLUS 2020	Step-1 Drugs: fluticasone propionate nasal spray. Step-2 Drugs: Xhance. The member must have tried a 30 day supply or more of 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.	XHANCE EXHU	Step therapy applies	2
		FLUTICASONE PROPIONATE SUSP		1
ZETIA PDP EGWP BASE PLUS 2020	Step-1 Drug: ezetimibe. Step-2 Drug: Zetia. 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.	ZETIA TABS	Step therapy applies	2
		EZETIMIBE TABS		1