

2020 Cigna-Healthspring Step Therapy Criteria - PDP EGWP Base

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP EGWP BASE 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 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 JUNIOR KWIKPEN SOPN		1
		HUMALOG KWIKPEN SOPN		1
		HUMALOG SOCT		1
		HUMALOG SOLN		1
ASACOL PDP EGWP BASE 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 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 REDHALER AERB	Step therapy applies	2
		ARNUITY ELLIPTA AEPB		1
		FLOVENT DISKUS AEPB		1
FLOVENT HFA AERO		1		

ATYPICAL ANTIPSYCHOTIC PDP EGWP BASE 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 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		
DIPENTUM PDP EGWP BASE 2020	Step-1 Drugs: Apriso, Asacol HD, balsalazide, Delzicol, Lialda, mesalamine DR, mesalamine ER, 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 2020	Step-1 Drugs: Janumet, Janumet XR, Januvia, Jentaducto, Jentaducto 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	Step therapy applies	2
		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		
EDARBI PDP EGWP BASE 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 PDP EGWP BASE 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
EXJADE PDP EGWP BASE 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

FEBUXOSTAT PDP EGWP BASE 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 PDP EGWP BASE 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		
		TRAVATAN Z SOLN		1		
		TRAVOPROST SOLN		1		
INJECTABLE DIABETIC COMBINATIONS PDP EGWP BASE 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 AUIJ		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 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		

METFORMIN ER (GENERIC FOR GLUMETZA) PDP EGWP BASE 2020	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drug: 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 drugs are 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 PDP EGWP BASE 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
PATADAY PDP EGWP BASE 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 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
TRINTELLIX PDP EGWP BASE 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
		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		
TRIPTAN PDP EGWP BASE 2020	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan and frovatriptan. 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 MALATE TABS	Step therapy applies	2
		ALMOTRIPTAN TABS	Step therapy applies	2
		ELETRIPTAN HYDROBROMIDE 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
XHANCE PDP EGWP BASE 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