

2020 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 2020	Step-1 Drugs: carbamazepine (chew tabs, oral susp, tabs, er caps, er tabs), Dilantin 30mg caps, divalproex sodium (dr sprinkle caps, dr tabs, er tabs), Epitol tabs, lamotrigine (chew tabs, tabs), levetiracetam (oral soln, tabs, er tabs), oxcarbazepine (oral susp, tabs), Peganone tabs, phenytoin (chew tabs, oral susp), phenytoin extended caps, Roweepra (tabs, XR tabs), topiramate (sprinkle caps, tabs), valproic acid caps, and valproic acid oral soln. Step-2 Drugs: Aptiom 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
		TIAGABINE HYDROCHLORIDE TABS	Step therapy applies to new starts only	2
		CARBAMAZEPINE CHEW		1
		CARBAMAZEPINE SUSP		1
		CARBAMAZEPINE TABS		1
		CARBAMAZEPINE ER CP12		1
		CARBAMAZEPINE ER TB12		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 TABS		1
		LEVETIRACETAM SOLN		1
		LEVETIRACETAM TABS		1
		LEVETIRACETAM ER TB24		1
		OXCARBAZEPINE SUSP		1
		OXCARBAZEPINE TABS		1
		PEGANONE TABS		1
		PHENYTOIN CHEW		1
		PHENYTOIN SUSP		1
		PHENYTOIN INFATABS CHEW		1
		PHENYTOIN SODIUM EXTENDED CAPS		1
		ROWEEPR TABS		1
		ROWEEPR XR TB24		1
		TOPIRAMATE CPSP		1
		TOPIRAMATE TABS		1
		VALPROIC ACID CAPS		1
		VALPROIC ACID SOLN		1
ANTIDEPRESSANTS, SEROTONIN/NOREPINE PHRINE REUPTAKE INHIBITORS PDP SECURE-ESSENTIAL 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 TABS		1
		BUPROPION HYDROCHLORIDE ER (SR) TB12		1
		BUPROPION HYDROCHLORIDE ER (XL) TB24		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		DULOXETINE HCL		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HYDROCHLORIDE CAPS		1
		FLUOXETINE HYDROCHLORIDE SOLN		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE TABS		1
		MIRTAZAPINE ODT TBDP		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 TABS		1		
VENLAFAXINE HCL ER CP24		1		
ATYPICAL ANTIPSYCHOTIC PDP SECURE-ESSENTIAL 2020	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 TABS		1
		OLANZAPINE ODT TBDP		1
		QUETIAPINE FUMARATE TABS		1
		RISPERIDONE SOLN		1
		RISPERIDONE TABS		1
		RISPERIDONE M-TAB TBDP		1
		RISPERIDONE ODT TBDP		1
ZIPRASIDONE HCL CAPS		1		

EDARBI PDP SECURE-ESSENTIAL 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 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. 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.	<b>EDARBI TABS</b>	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 SECURE-ESSENTIAL 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 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. 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.	<b>EDARBYCLOR TABS</b>	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
FEBUXOSTAT PDP SECURE-ESSENTIAL 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).	<b>FEBUXOSTAT TABS</b>	Step therapy applies	2
		ALLOPURINOL TABS		1
GLAUCOMA PDP SECURE-ESSENTIAL 2020	Step-1 Drugs: Azopt, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, timolol, 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.	<b>RHOPRESSA SOLN</b>	Step therapy applies	2
		<b>ROCKLATAN SOLN</b>	Step therapy applies	2
		AZOPT SUSP		1
		BRIMONIDINE TARTRATE SOLN		1
		CARTEOLOL HCL SOLN		1
		COMBIGAN SOLN		1
		DORZOLAMIDE HCL SOLN		1
		DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN		1
		LATANOPROST SOLN		1
		LEVOBUNOLOL HCL SOLN		1
		LUMIGAN SOLN		1
		TIMOLOL MALEATE SOLN		1
		TRAVOPROST SOLN		1
		INJECTABLE DIABETIC COMBINATIONS PDP SECURE-ESSENTIAL 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.	<b>SOLIQUA 100/33 SOPN</b>
<b>XULTOPHY 100/3.6 SOPN</b>	Step therapy applies			2
BYDUREON BCISE AUII				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
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
METFORMIN ER (GENERIC FOR GLUMETZA) PDP SECURE-ESSENTIAL 2020	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 100mg 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.	<b>METFORMIN HCL ER TB24 (generic for Glumetza)</b>	Step therapy applies	2
		METFORMIN HCL ER TB24 (generic for Glucophage XR)		1
		METFORMIN HCL ER TB24 (generic for Fortamet)		1
NASAL STEROIDS PDP SECURE-ESSENTIAL 2020	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. Authorization for mometasone furoate nasal spray or Nasonex may be given for patients < 6 years of age.	<b>MOMETASONE FUROATE SUSP</b>	Step therapy applies	2
		<b>NASONEX SUSP</b>	Step therapy applies	2
		FLUNISOLIDE SOLN		1
		FLUTICASONE PROPIONATE SUSP		1

TRINTELLIX PDP SECURE-ESSENTIAL 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 HCL CAPS		1
		FLUOXETINE HYDROCHLORIDE CAPS		1
		FLUOXETINE HYDROCHLORIDE SOLN		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		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 TABS		1