

**2020 Cigna-Healthspring Step Therapy Criteria - Cigna-HealthSpring Rx Secure (PDP)**

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
ANTICONSULSANTS, ADJUNCT THERAPY PDP SECURE 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.	<b>APTIOM TABS</b>	Step therapy applies to new starts only	2
		<b>TIAGABINE HYDROCHLORIDE TABS</b>	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
		ROWEEPPRA TABS		1
		ROWEEPPRA XR TB24		1
		TOPIRAMATE CPSP		1
		TOPIRAMATE TABS		1
		VALPROIC ACID CAPS		1
		VALPROIC ACID SOLN		1
		ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP SECURE 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.	<b>FETZIMA CP24</b>
<b>FETZIMA TITRATION PACK C4PK</b>	Step therapy applies to new starts only			2
<b>PAXIL SUSP</b>	Step therapy applies to new starts only			2
<b>VIIBRYD TABS</b>	Step therapy applies to new starts only			2
<b>VIIBRYD STARTER PACK KIT</b>	Step therapy applies to new starts only			2
BUPROPION HCL				1
BUPROPION HYDROCHLORIDE				1
BUPROPION HYDROCHLORIDE ER (SR)				1
BUPROPION HYDROCHLORIDE ER (XL)				1
CITALOPRAM HYDROBROMIDE				1
CITALOPRAM HYDROBROMIDE				1
DULOXETINE HCL				1
ESCITALOPRAM OXALATE				1
ESCITALOPRAM OXALATE				1
FLUOXETINE				1
FLUOXETINE HCL				1
FLUOXETINE HYDROCHLORIDE				1
FLUOXETINE HYDROCHLORIDE				1
FLUVOXAMINE MALEATE				1
MIRTAZAPINE				1
MIRTAZAPINE ODT				1
PAROXETINE HCL				1
PAROXETINE HYDROCHLORIDE				1
SERTRALINE HCL				1
SERTRALINE HCL				1
SERTRALINE HYDROCHLORIDE				1
TRAZODONE HYDROCHLORIDE				1
VENLAFAXINE HCL		1		
VENLAFAXINE HCL ER		1		
ATYPICAL ANTIPSYCHOTIC PDP SECURE 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.	<b>FANAPT TABS</b>	Step therapy applies to new starts only	2
		<b>FANAPT TITRATION PACK TABS</b>	Step therapy applies to new starts only	2
		<b>PALIPERIDONE ER TB24</b>	Step therapy applies to new starts only	2
		<b>VRAYLAR CAPS</b>	Step therapy applies to new starts only	2
		<b>VRAYLAR CPPK</b>	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 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. 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 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. 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 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 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
		TRAVOPROST SOLN		1
		TIMOLOL MALEATE SOLN		1
		TRAVOPROST SOLN		1
		INJECTABLE DIABETIC COMBINATIONS PDP SECURE 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 AUJ				1
BYDUREON PEN PEN				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

TRINTELLIX PDP SECURE 2020	<p>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.</p>	TRINTELLIX 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