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

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D	Step
AMERICANITY	6, 15	-Trade Name	Type Description	Number
ANTICONVULSANTS, ADJUNCT THERAPY PDP	Step-1 Drugs: carbamazepine (chew tabs, oral susp, tabs, er caps, er	APTIOM TABS	Step therapy applies	2
SECURE 2020	tabs), Dilantin 30mg Caps, divalproex sodium (dr sprinkle caps, dr tabs, er tabs), Epitol Tabs, lamotrigine (chew tabs, tabs), levetiracetam (oral		to new starts only Step therapy applies	
SECURE 2020	soln, tabs, er tabs), oxcarbazepine (oral susp, tabs), Peganone Tabs,	TIAGABINE HYDROCHLORIDE TABS	to new starts only	2
	phenytoin (chew tabs, oral susp), phenytoin extended caps, Roweepra	CARBAMAZEPINE CHEW	•	1
	(tabs, XR tabs), topiramate (sprinkle caps, tabs), valproic acid caps, and	CARBAMAZEPINE SUSP		1
	valproic acid oral soln. Step-2 Drugs: Aptiom tabs and tiagabine tabs.	CARBAMAZEPINE TABS		1
	The member must have tried a 30 day supply or more of at least two Step-	CARBAMAZEPINE ER CP12		1
	1 drugs within the same step therapy group within the previous 365 days	CARBAMAZEPINE ER TB12		1
	as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the	DILANTIN CAPS		1
	above step therapy criteria are met.	DIVALPROEX SODIUM CSDR 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 OXCARBAZEPINE TABS		1
		PEGANONE TABS		1
		PHENYTOIN CHEW		1
		PHENYTOIN SUSP		1
		PHENYTOIN INFATABS CHEW		1
		PHENYTOIN SODIUM EXTENDED CAPS		1
		ROWEEPRA TABS		1
		ROWEEPRA XR TB24		1
		TOPIRAMATE TARS	-	1
		TOPIRAMATE TABS VALPROIC ACID CAPS	-	1
		VALI ROIC ACID CATS VALPROIC ACID SOLN		1
ANTIDEPRESSANTS,	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram,		Step therapy applies	
SEROTONIN/NOREPINEPH		FETZIMA CP24	to new starts only	2
RINE REUPTAKE	and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension and Viibryd.	FETZIMA TITRATION PACK C4PK	Step therapy applies	2
INHIBITORS PDP SECURE 2020	The member must have tried a 30 day supply or more of at least two Step-	FEIZIMA IIIKAIIONI ACK C41 K	to new starts only	2
2020	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	PAXIL SUSP	Step therapy applies	2
	by physician documented use. Step-2 drugs are not covered unless the		to new starts only	
	above step therapy criteria are met. Patients who are currently taking or	VIIBRYD TABS	Step therapy applies to new starts only	2
	who have taken a step 2 drug at any time in the past and discontinued		Step therapy applies	
	their use may receive authorization without trials of step 1 drugs. For	VIIBRYD STARTER PACK KIT	to new starts only	2
	patients with suicidal ideation, step 1 drugs do not need to be tried.	BUPROPION HCL	,	1
		BUPROPION HYDROCHLORIDE		1
		BUPROPION HYDROCHLORIDE ER (SR)		1
		BUPROPION HYDROCHLORIDE ER (XL)		1
		CITALOPRAM HYDROBROMIDE CITALOPRAM HYDROBROMIDE		1
		DULOXETINE HCL		1
		ESCITALOPRAM OXALATE		1
		ESCITALOPRAM OXALATE		1
		FLUOXETINE		1
		FLUOXETINE HCL		1
		FLUOXETINE HYDROCHLORIDE		1
		FLUOXETINE HYDROCHLORIDE	1	1
		FLUVOXAMINE MALEATE MIDTAZADINE	-	1
		MIRTAZAPINE MIRTAZAPINE ODT	+	1
		PAROXETINE HCL	+	1
		PAROXETINE HYDROCHLORIDE	†	1
		SERTRALINE HCL		1
		SERTRALINE HCL		1
		SERTRALINE HYDROCHLORIDE		1
		TRAZODONE HYDROCHLORIDE		1
		VENLAFAXINE HCL VENLAFAXINE HCL ER	-	1
ATYPICAL	Step-1 Drugs: olanzapine, olanzapine odt, quetiapine fumarate,		Step therapy applies	1
ANTIPSYCHOTIC PDP	risperidone, risperidone odt and ziprasidone hcl. Step-2 Drugs: Fanapt,	FANAPT TABS	to new starts only	2
SECURE 2020	paliperidone er, and Vraylar. The member must have tried a 30 day	EANIADT TITD ATION BACK TAPS	Step therapy applies	_
	supply or more of at least one Step-1 drug within the same step therapy	FANAPT TITRATION PACK TABS	to new starts only	2
	group within the previous 180 days as evidenced by a previous paid claim	PALIPERIDONE ER TB24	Step therapy applies	2
	under the prescription benefit or by physician documented use. Step-2		to new starts only	_
	drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Schizoaffective Disorder, in which case step	VRAYLAR CAPS	Step therapy applies	2
	therapy for paliperidone er does not apply.		to new starts only Step therapy applies	
		VRAYLAR CPPK	to new starts only	2
		OLANZAPINE TABS	to hen starts only	1
		OLANZAPINE ODT TBDP		1
		QUETIAPINE FUMARATE TABS		1
		RISPERIDONE SOLN		1
		RISPERIDONE TABS	1	1
		RISPERIDONE M-TAB TBDP	-	1
		RISPERIDONE ODT TBDP ZIPRASIDONE HCL CAPS	+	1
	•	ZII KASIDONE HCL CAFS	ı	1

EDARBI PDP SECURE 2020	Ston 1 Dunger condegenton cilevetil inhecenton lecenton neteccium	EDADDI TADO	Cton thousany applies	2
	Step-1 Drugs: candesartan cilexetil, irbesartan, losartan potassium, olmesartan, telmisartan and valsartan. Step-2 Drug: Edarbi. The	EDARBI TABS CANDESARTAN CILEXETIL TABS	Step therapy applies	1
	member must have tried a 30 day supply or more of at least one Step-1	IRBESARTAN TABS		1
	drugs within the same step therapy group within the previous 180 days as	LOSARTAN POTASSIUM TABS		1
	evidenced by a previous paid claim under the prescription benefit or by	OLMESARTAN MEDOXOMIL TABS		1
	physician documented use. Step-2 drug is not covered unless the above	TELMISARTAN TABS		1
	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	VALSARTAN TABS		1
	HF) and has already been started and stabilized on the agent.			
EDARBYCLOR PDP	Step-1 Drugs: candesartan cilexetil/hctz, irbesartan/hctz, losartan	EDARBYCLOR TABS	Step therapy applies	2
SECURE 2020	potassium/hctz, olmesartan/hctz, telmisartan/hctz and valsartan/hctz.	CANDESARTAN	Step therapy applies	
SECURE 2020	Step-2 Drug: Edarbyclor. The member must have tried a 30 day supply	CILEXETIL/HYDROCHLOROTHIAZIDE TABS		1
	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	IRBESARTAN/HYDROCHLOROTHIAZIDE TABS		1
	the prescription benefit or by physician documented use. Step-2 drug is	I OG I PETITI		
	not covered unless the above step therapy criteria are met. Authorization	LOSARTAN		1
	may be given for a Step 2 product that does not have a generic equivalent	POTASSIUM/HYDROCHLOROTHIAZIDE TABS		
	available in Step 1 if the patient was recently hospitalized and discharged	OLMEGARTAN		
	within the previous 30 days for a CV event (e.g., MI, hypertensive	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE TABS		1
	emergency, decompensated HF) and has already been started and	MEDOAOMIL/III DROCHEOROTHIAZIDE TABS		
	stabilized on the agent.	TELMISARTAN/HYDROCHLOROTHIAZIDE		1
		TABS		1
		VALSARTAN/HYDROCHLOROTHIAZIDE TABS		1
FEBUXOSTAT PDP	Step-1 Drug: allopurinol. Step-2 Drug: febuxostat. The member must	FEBUXOSTAT TABS	Step therapy applies	2
SECURE 2020	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	ALLOPURINOL TABS		1
	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).			
GLAUCOMA PDP SECURE	Step-1 Drugs: Azopt, brimonidine, carteolol, Combigan, dorzolamide,	RHOPRESSA SOLN	Step therapy applies	2
2020	dorzolamide/timolol, latanoprost, levobunolol, Lumigan, timolol,	ROCKLATAN SOLN	Step therapy applies	2
	travoprost. Step-2 Drugs: Rocklatan, Rhopressa. The member must	AZOPT SUSP BRIMONIDINE TARTRATE SOLN		
	have tried a 30 day supply or more of at least one Step-1 drug within the			1 1
				1
1	same step therapy group within the previous 180 days as evidenced by a	CARTEOLOL HCL SOLN		1
	same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician	CARTEOLOL HCL SOLN COMBIGAN SOLN		1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN		1
	same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE		1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN		1 1 1 1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN LATANOPROST SOLN		1 1 1 1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN		1 1 1 1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN TRAVOPROST SOLN		1 1 1 1 1 1 1
	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN		1 1 1 1 1 1 1
INJECTABLE DIABETIC	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.	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCLTIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN TRAVOPROST SOLN TIMOLOL MALEATE SOLN	Step therapy applies	1 1 1 1 1 1 1 1
INJECTABLE DIABETIC COMBINATIONS PDP	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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL TIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN TRAVOPROST SOLN TIMOLOL MALEATE SOLN TRAVOPROST SOLN	Step therapy applies Step therapy applies	1 1 1 1 1 1 1 1 1
	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. Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drugs: Soliqua	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN TRAVOPROST SOLN TIMOLOL MALEATE SOLN TRAVOPROST SOLN SOLIQUA 100/33 SOPN		1 1 1 1 1 1 1 1 1 1 2
COMBINATIONS PDP	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. 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	CARTEOLOL HCL SOLN COMBIGAN SOLN DORZOLAMIDE HCL SOLN DORZOLAMIDE HCL SOLN LATANOPROST SOLN LATANOPROST SOLN LEVOBUNOLOL HCL SOLN TRAVOPROST SOLN TIMOLOL MALEATE SOLN TRAVOPROST SOLN SOLIQUA 100/33 SOPN XULTOPHY 100/3.6 SOPN		1 1 1 1 1 1 1 1 1 2 2
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TRINTELLIX PDP SECURE 2020	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone	TRINTELLIX TABS	Step therapy applies to new starts only	2
	and venlafaxine. Step-2 Drug: Trintellix. The member must have tried a	BUPROPION HCL TABS	v	1
	30 day supply or more of one Step-1 drug within the same step therapy	BUPROPION HYDROCHLORIDE TABS		1
	group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2	BUPROPION HYDROCHLORIDE ER (SR) TB12		1
	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	BUPROPION HYDROCHLORIDE ER (XL) TB24		1
	time in the past and discontinued their use may receive authorization	CITALOPRAM HYDROBROMIDE SOLN		1
	without trials of step 1 drugs. For patients with suicidal ideation, step 1	CITALOPRAM HYDROBROMIDE TABS		1
	drugs do not need to be tried.	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