

## Step Therapy Criteria

### GLP1-INSULIN

#### Products Affected

##### Step 2:

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

#### Details

<b>Criteria</b>	<p>Claim will pay automatically for Xultophy OR Soliqua if enrollee has a paid claim for at least a 1 day supply for step level 1 agent (LANTUS, LEVEMIR, OZEMPIC, TOUJEO, TRESIBA, OR VICTOZA).          Otherwise, Xultophy AND Soliqua requires a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.</p>
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## Step Therapy Criteria

### PPI

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#### Products Affected

##### Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

#### Details

<b>Criteria</b>	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 days supply of lansoprazole, omeprazole, pantoprazole, or rabeprazole in the past. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with lansoprazole, omeprazole, pantoprazole, or rabeprazole, OR (2) history of adverse event with lansoprazole, omeprazole, pantoprazole, or rabeprazole, OR (3) lansoprazole, omeprazole, pantoprazole, or rabeprazole is contraindicated.
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## Step Therapy Criteria

### **RYTARY**

#### **Products Affected**

##### **Step 2:**

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

#### **Details**

<b>Criteria</b>	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of step level 1 agent (CARBIDOPA-LEVODOPA OR CARBIDOPA-LEVODOPA-ENTACAPONE). Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.
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## Step Therapy Criteria

### TRELEGY

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#### Products Affected

##### Step 2:

- TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION

#### Details

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<b>Criteria</b>	Claim will pay automatically for Trelegy if enrollee has a paid claim for at least 1 day supply of Advair Diskus, Anoro Ellipta, Breo Ellipta, Serevent Diskus, Spiriva HandiHaler, Spiriva Respimat or Stiolto in the past. Otherwise, Trelegy will require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP 1 Agent, OR (2) history of adverse event with STEP 1 Agent, OR (3) STEP 1 Agent is contraindicated.
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## Step Therapy Criteria

### TRINTELLIX

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#### Products Affected

##### Step 2:

- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

#### Details

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Criteria	Claim will pay automatically for trintellix if enrollee has a paid claim for at least a 1 days supply of any 2 generic formulary antidepressants in the past. Otherwise, trintellix requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants , OR (2) history of adverse event with any 2 generic formulary antidepressants , OR (3) any 2 generic formulary antidepressants are contraindicated.
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## Step Therapy Criteria

### ULORIC

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#### Products Affected

##### Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

#### Details

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Criteria	Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 1 days supply of Allopurinol in the past. Otherwise, Uloric requires a step therapy exception request indicating: (1) history of inadequate treatment response with Allopurinol, OR (2) history of adverse event with Allopurinol, OR (3) Allopurinol is contraindicated.
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