

# CARE N' CARE HEALTH PLAN

2019 Step Therapy Criteria

## ATYPICALS

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### Products Affected

#### Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

### Details

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Criteria	Claim will pay automatically for Fanapt OR Vraylar if enrollee has a paid claim for at least a 1 days supply of any generic formulary atypical antipsychotic in the past. Otherwise, Fanapt AND Vraylar requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary atypical antipsychotic, OR (2) history of adverse event with any generic formulary atypical antipsychotic, OR (3) any generic formulary atypical antipsychotic is contraindicated.
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# CARE N' CARE HEALTH PLAN

2019 Step Therapy Criteria

## GLP1-INSULIN

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### 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

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<b>Criteria</b>	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.
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# CARE N' CARE HEALTH PLAN

## 2019 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

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<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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# CARE N' CARE HEALTH PLAN

2019 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, 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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# CARE N' CARE HEALTH PLAN

2019 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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# CARE N' CARE HEALTH PLAN

2019 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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<b>Criteria</b>	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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# CARE N' CARE HEALTH PLAN

## 2019 Step Therapy Criteria

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