Step Therapy Criteria
2019

For information on obtaining an updated coverage determination or an exception to a coverage determination please call Freedom Health Member Services at 1-800-401-2740 or, for TTY/TDD users 711. Our hours are October 1 to March 31 from 8:00 am to 8:00 pm EST 7 days a week and April 1 to September 30 from 8:00 am to 8:00 pm EST Monday through Friday or visit www.freedomhealth.com.

For an indexed list of drugs please go to page 13.

Last updated 10/1/2018

anti-emetics hrm

Products Affected

- PHENADOZ SUPPOSITORY 12.5 MG RECTAL
- *promethazine hcl suppository 12.5 mg rectal*
- *promethazine hcl suppository 25 mg rectal*
- *promethazine hcl suppository 50 mg rectal*
- *promethazine hcl syrup 6.25 mg/5ml oral*
- *promethazine hcl tablet 12.5 mg oral*
- *promethazine hcl tablet 25 mg oral*
- *promethazine hcl tablet 50 mg oral*
- PROMETHEGAN SUPPOSITORY 25 MG RECTAL
- PROMETHEGAN SUPPOSITORY 50 MG RECTAL
- *trimethobenzamide hcl capsule 300 mg oral*

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY ONE OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Ondansetron, Granisetron. Step 2: Promethazine, Phenadoz, Promethagan, Trimethobenzamide. Criteria only applies for a diagnosis of nausea and vomiting. Criteria does not apply to the diagnosis of motion sickness. Step therapy only applies to members 65 years of age or older

anxiolytics hrm

Products Affected

- *meprobamate tablet 200 mg oral*
- *meprobamate tablet 400 mg oral*

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY ONE OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Buspirone. Step 2: Meprobamate Step therapy only applies to members 65 years of age or older

atypicals

Products Affected

- 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
- INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: aripiprazole, clozapine, risperidone, olanzapine, paliperidone, quetiapine, ziprasidone. Step 2: Fanapt, Invega Sustenna, Invega Trinza , Latuda, Rexulti, Risperdal Consta, Saphris. Step Therapy only applies to new starts only. Enrollees stabilized on medication will not be required to go through step therapy. Step therpay criteria only applies for the diagnosis of schizophrenia.

diabetes

Products Affected

- AVANDIA TABLET 2 MG ORAL
- AVANDIA TABLET 4 MG ORAL

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Acarbose, Basaglar, Glimepiride, Glipizide, Glipizide ER, Glipizide XL, Glipizide/Metformin Hcl, Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 70/30, Humulin N, Humulin R, Lantus, Lantus Solostar, Levemir, Levemir Flexpen, Metformin Hcl, Metformin Hcl Er, Nateglinide, Novolog, Novolog Flexpen, Novolog Mix 70/30, Novolin N, Novolin R, Novolin 70/30, Pioglitazone/Metformin, Repaglinide, Toujeo, Tresiba Step 2: Avandia.

dpp-4 inhibitors

Products Affected

- JANUMET TABLET 50-1000 MG ORAL
- JANUMET TABLET 50-500 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- JANUVIA TABLET 100 MG ORAL
- JANUVIA TABLET 25 MG ORAL
- JANUVIA TABLET 50 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL
- TRADJENTA TABLET 5 MG ORAL

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Glipizide/Metformin HCL, Metformin HCL, Metformin HCL ER, Pioglitazone/Metformin Step 2: Janumet, Januvia, Onglyza, Janumet XR, Kombiglyze, Tradjenta

glp1 agonist

Products Affected

- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 50 MG SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Acarbose, Glimepiride, Glipizide, Glipizide ER, Glipizide XL, Glipizide/Metformin HCL, Metformin HCL, Metformin HCL ER, Pioglitazone/Metformin, Nateglinide, Repaglinide. Step 2: Tanzeum, Victoza, Byetta

non-sedating antihistamines

Products Affected

- CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL
- *desloratadine tablet 5 mg oral*
- *desloratadine tablet dispersible 2.5 mg oral*
- *desloratadine tablet dispersible 5 mg oral*

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Allegra OTC, Allegra D OTC, Loratadine OTC, Loratadine D OTC, Cetirizine OTC, Cetirizine D OTC, Levocetirizine 0.5mg/ml oral soln., Levocetirizine 5mg OTC: Step 2: Desloratadine, Clarinex D. Only one drug, cetirizine, is required to be tried for the diagnosis of perennial allergic rhinitis.

ppi

Products Affected

- *lansoprazole tablet dispersible 15 mg oral*
- *lansoprazole tablet dispersible 30 mg oral*

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: lansoprazole, lansoprazole OTC, Priolosec Otc, Nexium OTC, Omeprazole Otc, Omeprazole, Pantoprazole, Rabeprazole, Prevacid OTC, Zegerid OTC. Step 2: lansoprazole Solutabs.For the diagnosis of risk reduction of NSAID associated gastric ulcer only lansoprazole is required.

renin inhibitors

Products Affected

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS, 1 DRUG FROM EACH CLASS, IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: ACE-Inhibitors (including combinations with HCTZ) - Benazepril Hcl, Benazepril Hctz, Captopril, Captopril /Hctz, Enalapril Maleate, Enalapril Maleate/Hctz, Fosinopril Sodium, Fosinopril sodium/Hctz, Lisinopril, Lisinopril /Hctz, Quinapril Hcl, Quinipril/HCTZ, Trandolapril, Ramipril. ARBs (including combinations with HCTZ) - Olmasartan, Olmasartan/Hct, losartan, losartan/HCT, irbesartan, irbesartan/Hctz, valsartan, valsartan/Hctz. Step 2: Tekturna, Tekturna Hct

symlin

Products Affected

- SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS
- SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Basaglar, Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 70/30, Humulin N, Humulin R, Lantus, Levemir, Novolog, Novolog Mix 70/30, Novolin R, Novolin N, Novolin 70/30, Toujeo, Tresiba Step 2: Symlin

topical_immunomodulators

Products Affected

- ELIDEL CREAM 1 % EXTERNAL
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Ala-Cort, Alclometasone Dipropionate, Amcinonide, Augmented Betamethasone Dipropionate, Betamethasone, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Clobetasol Propionate Emollient, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluticasone, Halobetasol Propionate, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triamcinolone Acetonide In Absorbase. Step 2: Elidel, Tacrolimus

ULORIC

Products Affected

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

Details

Criteria	Step 1- PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF THE FOLLOWING DRUG/S IN THE PREVIOUS 180 DAYS BEFORE MOVING TO STEP 2: Allopurinol. STEP 2: Uloric

Index (Índice)