

ANGIOTENSIN RECEPTOR BLOCKERS STEP THERAPY

Products Affected

Step 2:

- BENICAR 20 MG TABLET
- BENICAR 40 MG TABLET
- BENICAR 5 MG TABLET
- BENICAR HCT 20 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-25 MG TABLET

Details

Criteria
Step 1: First line therapy should be irbesartan, irbesartan/hctz, or losartan, losartan/hctz or valsartan/valsartan hctz. Step 2: Second line therapy should be Benicar/Benicar HCT.

ANTICONVULSANT STEP THERAPY

Products Affected

Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- FYCOMPA 0.5 MG/ML ORAL SUSPENSION
- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET
- POTIGA 200 MG TABLET
- POTIGA 300 MG TABLET
- POTIGA 400 MG TABLET
- POTIGA 50 MG TABLET
- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION
- VIMPAT 10 MG/ML ORAL SOLUTION
- VIMPAT 100 MG TABLET
- VIMPAT 150 MG TABLET
- VIMPAT 200 MG TABLET
- VIMPAT 50 MG TABLET

Details

Criteria

Step 1: First line therapy should be trial of two of the following: carbamazepine, carbamazepine ER, divalproex sodium, divalproex sodium ER, gabapentin, lamotrigine, lamotrigine ER, levetiracetam, levetiracetam ER, oxcarbazepine, valproic acid, zonisamide, phenytoin, phenytoin ER, felbamate, ethosuxamide, topiramate, primidone, Dilantin, phenobarbital, Gabitril, or tiagabine. Step 2: Once two of these agents have been tried, patients can receive therapy with Aptiom, Spritam, Fycompa, or Vimpat.

ANTIDEPRESSANT STEP THERAPY

Products Affected

Step 2:

- FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK
- FETZIMA 20 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG
CAPSULE,EXTENDED RELEASE
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23)
TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria
Step 1: First line therapy should a documented trial of two of the following: citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER. Step 2: Once citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine or venlafaxine ER has been tried, patient can receive therapy with Trintellix, Fetzima or Viibryd.

ANTIPSYCHOTIC STEP THERAPY

Products Affected

Step 2:

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET

Details

Criteria	Step 1: First line therapy should be risperidone, risperidone ODT, olanzapine, olanzapine ODT, quetiapine or ziprasidone AND aripiprazole. Step 2: Once risperidone, risperidone ODT, olanzapine, olanzapine ODT, quetiapine or ziprasidone AND aripiprazole has been tried, patients can receive therapy with Latuda or Fanapt .
-----------------	---

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

AZOPT STEP THERAPY

Products Affected

Step 2:

- AZOPT 1 % EYE
DROPS,SUSPENSION

Details

Criteria
Step 1: First line therapy should be dorzolamide or dorzolamide/timolol. Step 2: Once dorzolamide or dorzolamide/timolol has been tried, the patient can receive therapy with Azopt.

CALCIUM CHANNEL BLOCKERS STEP THERAPY

Products Affected

Step 2:

- *afeditab cr 30 mg tablet, extended release*
- *afeditab cr 60 mg tablet, extended release*
- *isradipine 2.5 mg capsule*
- *isradipine 5 mg capsule*
- *nifedical xl 30 mg tablet, extended release*
- *nifedical xl 60 mg tablet, extended release*
- *nifedipine er 30 mg tablet, extended release*
- *nifedipine er 30 mg tablet, extended release 24 hr*
- *nifedipine er 60 mg tablet, extended release*
- *nifedipine er 60 mg tablet, extended release 24 hr*
- *nifedipine er 90 mg tablet, extended release*
- *nifedipine er 90 mg tablet, extended release 24 hr*

Details

Criteria
Step 1: First line therapy should be felodipine or amlodipine. Step 2: Once felodipine or amlodipine have been tried, patients can receive therapy with nifedipine ER or isradipine.

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

CLOBETASOL 0.05% GEL AND OINTMENT STEP THERAPY

Products Affected

Step 2:

- *clobetasol 0.05 % topical gel*
- *clobetasol 0.05 % topical ointment*

Details

Criteria
Step 1: First line therapy should be betamethasone dipropionate augmented gel and ointment or halobetasol cream and ointment. Step 2: Once betamethasone dipropionate augmented gel and ointment or halobetasol cream and ointment has been tried, patients can receive therapy with clobetasol 0.05% ointment or clobetasol 0.05% gel.

COMBIVENT STEP THERAPY

Products Affected

Step 2:

- COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION

Details

Criteria
Step 1: First line therapy should be Anoro Ellipta. Step 2: Once Anoro Ellipta has been tried, patients can receive therapy with Combivent Respimat.

HYPOGLYCEMICS STEP THERAPY

Products Affected

Step 2:

- *acarbose 100 mg tablet*
- *acarbose 25 mg tablet*
- *acarbose 50 mg tablet*
- AVANDIA 2 MG TABLET
- AVANDIA 4 MG TABLET
- GLYXAMBI 10 MG-5 MG TABLET
- GLYXAMBI 25 MG-5 MG TABLET
- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET
- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- *nateglinide 120 mg tablet*
- *nateglinide 60 mg tablet*
- *repaglinide 0.5 mg tablet*
- *repaglinide 1 mg tablet*
- *repaglinide 2 mg tablet*
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- TRAJENTA 5 MG TABLET

Details

Criteria	Step 1: First line therapy should be a formulary sulfonylurea, metformin, or formulary insulin (if appropriate). Step 2: Once one of these agents has been tried, patients can receive therapy with other
-----------------	---

	formulary hypoglycemics such as Avandia, Acarbose, Januvia, Janumet, Janumet XR, repaglinide, nateglinide, Tradjenta, Jentadueto, Jentadueto XR, Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, or Glyxambi.
--	---

MYRBETRIQ STEP THERAPY

Products Affected

Step 2:

- *tolterodine 1 mg tablet*
- *tolterodine 2 mg tablet*
- *tolterodine er 2 mg capsule,extended release 24 hr*
- *tolterodine er 4 mg capsule,extended release 24 hr*

Step 3:

- MYRBETRIQ 25 MG
TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG
TABLET,EXTENDED RELEASE

Details

Criteria
Step 1: First line therapy should be Oxybutynin or Oxybutynin ER. Step 2: Second line therapy should be Tolterodine or Tolterodine ER. Step 3: Once Oxybutynin or Oxybutynin ER AND Tolterodine or Tolterodine ER has been tried, patients can receive therapy with Myrbetriq.

NAMENDA XR STEP THERAPY

Products Affected

Step 2:

- NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK

Details

Criteria	Step 1: First line therapy should be memantine tablet. Step 2: Once memantine tablet has been tried, patients can receive therapy with Namenda XR.
-----------------	--

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

OPHTHALMIC ANTIHISTAMINES STEP THERAPY

Products Affected

Step 2:

- *olopatadine 0.1 % eye drops*

Details

Criteria
OTCs: ALAWAY, KETOTIFEN FUMARATE, ZADITOR. Step 1: First line therapy should be Zaditor OTC, ketotifen OTC or Alaway OTC. Step 2: Second line therapy should be generic Olopatadine Ophthalmic Soln.

TOPICAL IMMUNOMODULATORS STEP THERAPY

Products Affected

Step 2:

- ELIDEL 1 % TOPICAL CREAM
- *tacrolimus 0.03 % topical ointment*
- *tacrolimus 0.1 % topical ointment*

Details

Criteria
Step 1: First line therapy should be trial of 2 formulary topical corticosteroids. Step 2: Once two of these agents have been tried, patients can receive therapy with Elidel or generic topical Tacrolimus.

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

TOPICAL TESTOSTERONE STEP THERAPY

Products Affected

Step 2:

- ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET
- ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET
- TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL

Details

Criteria	Step 1: Patient must try a generic topical testosterone product. Step 2: Once a generic topical testosterone product has been tried, patients can receive therapy with AndroGel or Testim.
-----------------	--

ULORIC STEP THERAPY

Products Affected

Step 2:

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	Step 1: First line therapy should be allopurinol tablet. Step 2: Once allopurinol tablet has been tried, patients can receive therapy with Uloric.
-----------------	--

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

VRAYLAR STEP THERAPY

Products Affected

Step 2:

- VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

Details

Criteria
Step 1: First line therapy should be risperidone, risperidone ODT, olanzapine, olanzapine ODT or ziprasidone AND aripiprazole Step 2: Once risperidone, risperidone ODT, olanzapine, olanzapine ODT or ziprasidone AND aripiprazole has been tried, patients can receive therapy with Vraylar.

ZIRGAN STEP THERAPY

Products Affected

Step 2:

- ZIRGAN 0.15 % EYE GEL

Details

Criteria	Step 1: First line therapy should be generic trifluridine ophthalmic Step 2: Once generic trifluridine ophthalmic has been tried, patients can receive therapy with Zirgan.
-----------------	---

Partners Health Plan
2017 Step Therapy Criteria
Formulary ID: 17432
Last Updated: 9/25/2017
Effective Date: 10-01-2017

ZORVOLEX STEP THERAPY

Products Affected

Step 2:

- ZORVOLEX 18 MG CAPSULE
- ZORVOLEX 35 MG CAPSULE

Details

Criteria	Step 1: First line therapy must be trial of 1 formulary non-selective NSAID. Step 2: Once one of these agents have been tried patients can receive therapy with Zorvolex.
-----------------	---

Index

A

acarbose 100 mg tablet.....	9
acarbose 25 mg tablet.....	9
acarbose 50 mg tablet.....	9
afeditab cr 30 mg tablet,extended release ...	6
afeditab cr 60 mg tablet,extended release ...	6
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET.....	15
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET	15
APTIOM 200 MG TABLET	2
APTIOM 400 MG TABLET	2
APTIOM 600 MG TABLET	2
APTIOM 800 MG TABLET	2
AVANDIA 2 MG TABLET	9
AVANDIA 4 MG TABLET	9
AZOPT 1 % EYE DROPS,SUSPENSION	5

B

BENICAR 20 MG TABLET	1
BENICAR 40 MG TABLET	1
BENICAR 5 MG TABLET	1
BENICAR HCT 20 MG-12.5 MG TABLET	1
BENICAR HCT 40 MG-12.5 MG TABLET	1
BENICAR HCT 40 MG-25 MG TABLET	1

C

clobetasol 0.05 % topical gel	7
clobetasol 0.05 % topical ointment.....	7
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION.....	8

E

ELIDEL 1 % TOPICAL CREAM	14
--------------------------------	----

F

FANAPT 1 MG TABLET	4
FANAPT 10 MG TABLET	4
FANAPT 12 MG TABLET	4
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK...	4
FANAPT 2 MG TABLET	4
FANAPT 4 MG TABLET	4
FANAPT 6 MG TABLET	4

FANAPT 8 MG TABLET	4
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	3
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	3
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	3
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	3
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	3
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	2
FYCOMPA 10 MG TABLET	2
FYCOMPA 12 MG TABLET	2
FYCOMPA 2 MG TABLET	2
FYCOMPA 4 MG TABLET	2
FYCOMPA 6 MG TABLET	2
FYCOMPA 8 MG TABLET	2

G

GLYXAMBI 10 MG-5 MG TABLET	9
GLYXAMBI 25 MG-5 MG TABLET	9

I

INVOKAMET 150 MG-1,000 MG TABLET	9
INVOKAMET 150 MG-500 MG TABLET	9
INVOKAMET 50 MG-1,000 MG TABLET	9
INVOKAMET 50 MG-500 MG TABLET.	9
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE	9
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE	9
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE	9
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE	9
INVOKANA 100 MG TABLET	9
INVOKANA 300 MG TABLET	9
isradipine 2.5 mg capsule.....	6
isradipine 5 mg capsule.....	6

J

JANUMET 50 MG-1,000 MG TABLET ...	9
-----------------------------------	---

JANUMET 50 MG-500 MG TABLET 9
 JANUMET XR 100 MG-1,000 MG
 TABLET,EXTENDED RELEASE 9
 JANUMET XR 50 MG-1,000 MG
 TABLET,EXTENDED RELEASE 9
 JANUMET XR 50 MG-500 MG
 TABLET,EXTENDED RELEASE 9
 JANUVIA 100 MG TABLET 9
 JANUVIA 25 MG TABLET 9
 JANUVIA 50 MG TABLET 9
 JARDIANCE 10 MG TABLET..... 9
 JARDIANCE 25 MG TABLET..... 9
 JENTADUETO 2.5 MG-1,000 MG
 TABLET 9
 JENTADUETO 2.5 MG-500 MG TABLET
 9
 JENTADUETO 2.5 MG-850 MG TABLET
 9
 JENTADUETO XR 2.5 MG-1,000 MG
 TABLET, EXTENDED RELEASE 9
 JENTADUETO XR 5 MG-1,000 MG
 TABLET, EXTENDED RELEASE 9
L
 LATUDA 120 MG TABLET 4
 LATUDA 20 MG TABLET 4
 LATUDA 40 MG TABLET 4
 LATUDA 60 MG TABLET 4
 LATUDA 80 MG TABLET 4
M
 MYRBETRIQ 25 MG
 TABLET,EXTENDED RELEASE 11
 MYRBETRIQ 50 MG
 TABLET,EXTENDED RELEASE 11
N
 NAMENDA XR 14 MG CAPSULE
 SPRINKLE,EXTENDED RELEASE... 12
 NAMENDA XR 21 MG CAPSULE
 SPRINKLE,EXTENDED RELEASE... 12
 NAMENDA XR 28 MG CAPSULE
 SPRINKLE,EXTENDED RELEASE... 12
 NAMENDA XR 7 MG CAPSULE
 SPRINKLE,EXTENDED RELEASE... 12

NAMENDA XR 7 MG-14 MG-21 MG-28
 MG CAPSULE,SPRINKLE,ER
 24HR,DOSE PACK..... 12
 nateglinide 120 mg tablet..... 9
 nateglinide 60 mg tablet..... 9
 nifedical xl 30 mg tablet,extended release.. 6
 nifedical xl 60 mg tablet,extended release.. 6
 nifedipine er 30 mg tablet,extended release 6
 nifedipine er 30 mg tablet,extended release
 24 hr 6
 nifedipine er 60 mg tablet,extended release 6
 nifedipine er 60 mg tablet,extended release
 24 hr 6
 nifedipine er 90 mg tablet,extended release 6
 nifedipine er 90 mg tablet,extended release
 24 hr 6
O
 olopatadine 0.1 % eye drops 13
P
 POTIGA 200 MG TABLET 2
 POTIGA 300 MG TABLET 2
 POTIGA 400 MG TABLET 2
 POTIGA 50 MG TABLET 2
R
 repaglinide 0.5 mg tablet..... 9
 repaglinide 1 mg tablet..... 9
 repaglinide 2 mg tablet..... 9
S
 SPRITAM 1,000 MG TABLET FOR ORAL
 SUSPENSION 2
 SPRITAM 250 MG TABLET FOR ORAL
 SUSPENSION 2
 SPRITAM 500 MG TABLET FOR ORAL
 SUSPENSION 2
 SPRITAM 750 MG TABLET FOR ORAL
 SUSPENSION 2
 SYNJARDY 12.5 MG-1,000 MG TABLET
 9
 SYNJARDY 12.5 MG-500 MG TABLET . 9
 SYNJARDY 5 MG-1,000 MG TABLET ... 9
 SYNJARDY 5 MG-500 MG TABLET 9
T
 tacrolimus 0.03 % topical ointment 14

tacrolimus 0.1 % topical ointment	14
TESTIM 50 MG/5 GRAM (1 %)	
TRANSDERMAL GEL.....	15
tolterodine 1 mg tablet	11
tolterodine 2 mg tablet	11
tolterodine er 2 mg capsule,extended release	
24 hr	11
tolterodine er 4 mg capsule,extended release	
24 hr	11
TRADJENTA 5 MG TABLET.....	9
TRINTELLIX 10 MG TABLET	3
TRINTELLIX 20 MG TABLET	3
TRINTELLIX 5 MG TABLET	3
U	
ULORIC 40 MG TABLET.....	16
ULORIC 80 MG TABLET.....	16
V	
VIIBRYD 10 MG (7)-20 MG (23)	
TABLETS IN A DOSE PACK.....	3

VIIBRYD 10 MG TABLET	3
VIIBRYD 20 MG TABLET	3
VIIBRYD 40 MG TABLET	3
VIMPAT 10 MG/ML ORAL SOLUTION.	2
VIMPAT 100 MG TABLET	2
VIMPAT 150 MG TABLET	2
VIMPAT 200 MG TABLET	2
VIMPAT 50 MG TABLET	2
VRAYLAR 1.5 MG (1)-3 MG (6)	
CAPSULES IN A DOSE PACK	17
VRAYLAR 1.5 MG CAPSULE.....	17
VRAYLAR 3 MG CAPSULE.....	17
VRAYLAR 4.5 MG CAPSULE.....	17
VRAYLAR 6 MG CAPSULE.....	17
Z	
ZIRGAN 0.15 % EYE GEL.....	18
ZORVOLEX 18 MG CAPSULE.....	19
ZORVOLEX 35 MG CAPSULE.....	19