



# **ATRIO Health Plans**

## **2019 Step Therapy Requirements PPO Plans**

**Effective: 9/1/2019  
Last Updated: 8/21/2019**

# AMANTADINE ER

---

## Products Affected

### Step 2:

- OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTIDIABETIC AGENTS - MISCELLANEOUS

---

## Products Affected

### Step 2:

- 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
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 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
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

## Details

<b>Criteria</b>	PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE, TOLAZAMIDE), PIOGLITAZONE, OR COMBINATION OF A SULFONYLUREA-METFORMIN WITHIN THE PAST 120 DAYS.
-----------------	---

# ANTI-INFLAMMATORY AGENTS - GI

---

## Products Affected

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ANY 1 OF THE FOLLOWING: BALSALAZIDE, APRISO, MESALAMINE DR 800 MG TAB, FORMULARY MESALAMINE 400 MG CAP(DRTAB) OR FORMULARY MESALAMINE 1.2 G DR TAB, WITHIN THE PAST 120 DAYS.
-----------------	---

---

# ANTIPSYCHOTIC AGENTS

---

## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *clozapine 100 mg disintegrating tablet*
- *clozapine 12.5 mg disintegrating tablet*
- *clozapine 150 mg disintegrating tablet*
- *clozapine 200 mg disintegrating tablet*
- *clozapine 25 mg disintegrating tablet*
- 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
- SAPHRIS 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 5 MG SUBLINGUAL TABLET
- VERSACLOZ 50 MG/ML ORAL SUSPENSION
- 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

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSIONS OF ANY TWO ORAL ANTIPSYCHOTICS: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE WITHIN THE PAST 365 DAYS.
-----------------	--

# ANTIPSYCHOTIC AGENTS II

---

## Products Affected

### Step 2:

- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET

## Details

<b>Criteria</b>	PRIOR CLAIM FOR TWO (2) OF THE FOLLOWING FORMULARY ORAL VERSIONS OF ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE OR ZIPRASIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 DAYS
-----------------	---

# ANTIULCER AGENTS

---

## Products Affected

### Step 2:

- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE
- *rabeprazole 20 mg tablet, delayed release*

## Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND ORAL OMEPRAZOLE, PANTOPRAZOLE, OR LANSOPRAZOLE WITHIN THE PAST 120 DAYS.
-----------------	---

# B VERSUS D ADMINISTRATIVE STEP

---

## Products Affected

### Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- CYCLOPHOSPHAMIDE 50 MG CAPSULE
- *methotrexate sodium 2.5 mg tablet*
- XATMEP 2.5 MG/ML ORAL SOLUTION

## Details

---

Criteria	IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.
----------	--

---



# ELUXADOLINE

---

## Products Affected

### Step 2:

- VIBERZI 100 MG TABLET
- VIBERZI 75 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR DICYCLOMINE AND XIFAXAN 550MG WITHIN THE PAST 365 DAYS.
-----------------	---

---

# FIDAXOMICIN

---

## Products Affected

### Step 2:

- DIFICID 200 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ORAL VANCOMYCIN IN THE PAST 120 DAYS.
-----------------	---

---

# GABAPENTIN SR

---

## Products Affected

### Step 2:

- GRALISE 300 MG  
TABLET,EXTENDED RELEASE
- GRALISE 30-DAY STARTER PACK  
300 MG (9)-600 MG (69) TABLET,EXT.
- GRALISE 600 MG  
TABLET,EXTENDED RELEASE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR GABAPENTIN IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
-----------------	---

---

# INSULIN/GLP-1 ANALOG

---

## Products Affected

### Step 2:

- SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN
- XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN

## Details

<b>Criteria</b>	PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) LANTUS, LANTUS SOLOSTAR, OZEMPIC, TRESIBA, TRESIBA FLEXTOUCH, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR OR VICTOZA AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE, TOLAZAMIDE), COMBO SULFONYLUREA- METFORMIN, OR PIOGLITAZONE IN PAST 365 DAYS.
-----------------	---

# NOVEL ORAL ANTICOAGULANTS

---

## Products Affected

### Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
-----------------	---

---

# OPHTHALMIC ANTIHISTAMINES

---

## Products Affected

### Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- BEPREVE 1.5 % EYE DROPS

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ONE OF THE FOLLOWING: OTC LORATADINE, OTC LORATADINE D, OTC CETIRIZINE, OTC CETIRIZINE D, OTC FEXOFENADINE, OTC FEXOFENADINE D, OTC LEVOCETIRIZINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, LEVOCETIRIZINE, CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
-----------------	---

---

# OPHTHALMIC PROSTAGLANDINS

---

## Products Affected

### Step 2:

- ROCKLATAN 0.02 %-0.005 % EYE DROPS
- XELPROS 0.005 % EYE DROP EMULSION

## Details

---

<b>Criteria</b>	ST Criteria: Pending CMS Approval
-----------------	-----------------------------------

---

# RENIN ANGIOTENSIN SYSTEM INHIBITORS

---

## Products Affected

### Step 2:

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

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR), ACE INHIBITOR COMBINATION, GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), GENERIC ARB COMBINATION OR GENERIC DIRECT RENIN INHIBITORS WITHIN THE PAST 120 DAYS.
-----------------	---

---



# SPRITAM

---

## Products Affected

### Step 2:

- 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

## Details

---

Criteria	PRIOR CLAIM FOR LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
----------	---

---

## INDEX

ALREX 0.2 % EYE DROPS,SUSPENSION.....	13	INVOKAMET 50 MG-500 MG TABLET.....	2
<i>aripiprazole 10 mg disintegrating tablet</i> .....	4	INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2
<i>aripiprazole 15 mg disintegrating tablet</i> .....	4	INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE.....	2
BEPREVE 1.5 % EYE DROPS.....	13	INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2
<i>clozapine 100 mg disintegrating tablet</i> .....	4	INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE.....	2
<i>clozapine 12.5 mg disintegrating tablet</i> .....	4	INVOKANA 100 MG TABLET.....	2
<i>clozapine 150 mg disintegrating tablet</i> .....	4	INVOKANA 300 MG TABLET.....	2
<i>clozapine 200 mg disintegrating tablet</i> .....	4	JARDIANCE 10 MG TABLET.....	2
<i>clozapine 25 mg disintegrating tablet</i> .....	4	JARDIANCE 25 MG TABLET.....	2
CYCLOPHOSPHAMIDE 25 MG CAPSULE.....	7	<i>methotrexate sodium 2.5 mg tablet</i> .....	7
CYCLOPHOSPHAMIDE 50 MG CAPSULE.....	7	OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1
DEXILANT 30 MG CAPSULE, DELAYED RELEASE.....	6	OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1
DEXILANT 60 MG CAPSULE, DELAYED RELEASE.....	6	OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1
DIFICID 200 MG TABLET.....	9	PRADAXA 110 MG CAPSULE.....	12
DIPENTUM 250 MG CAPSULE.....	3	PRADAXA 150 MG CAPSULE.....	12
FANAPT 1 MG TABLET.....	4	PRADAXA 75 MG CAPSULE.....	12
FANAPT 10 MG TABLET.....	4	<i>rabeprazole 20 mg tablet, delayed release</i> .....	6
FANAPT 12 MG TABLET.....	4	REXULTI 0.25 MG TABLET.....	5
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK.....	4	REXULTI 0.5 MG TABLET.....	5
FANAPT 2 MG TABLET.....	4	REXULTI 1 MG TABLET.....	5
FANAPT 4 MG TABLET.....	4	REXULTI 2 MG TABLET.....	5
FANAPT 6 MG TABLET.....	4	REXULTI 3 MG TABLET.....	5
FANAPT 8 MG TABLET.....	4	REXULTI 4 MG TABLET.....	5
GLYXAMBI 10 MG-5 MG TABLET.....	2	ROCKLATAN 0.02 %-0.005 % EYE DROPS.....	14
GLYXAMBI 25 MG-5 MG TABLET.....	2	SAPHRIS 10 MG SUBLINGUAL TABLET.....	4
GRALISE 300 MG TABLET,EXTENDED RELEASE.....	10	SAPHRIS 2.5 MG SUBLINGUAL TABLET.....	4
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE.....	10	SAPHRIS 5 MG SUBLINGUAL TABLET.....	4
GRALISE 600 MG TABLET,EXTENDED RELEASE.....	10	SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN.....	11
INVOKAMET 150 MG-1,000 MG TABLET.....	2	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	16
INVOKAMET 150 MG-500 MG TABLET.....	2		
INVOKAMET 50 MG-1,000 MG TABLET.....	2		

SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	16	XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	11
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	16		
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	16		
SYNJARDY 12.5 MG-1,000 MG TABLET.....	2		
SYNJARDY 12.5 MG-500 MG TABLET.....	2		
SYNJARDY 5 MG-1,000 MG TABLET.....	2		
SYNJARDY 5 MG-500 MG TABLET.....	2		
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2		
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2		
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2		
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	2		
TEKTURNA HCT 150 MG-12.5 MG TABLET.....	15		
TEKTURNA HCT 150 MG-25 MG TABLET.....	15		
TEKTURNA HCT 300 MG-12.5 MG TABLET.....	15		
TEKTURNA HCT 300 MG-25 MG TABLET.....	15		
VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	4		
VIBERZI 100 MG TABLET.....	8		
VIBERZI 75 MG TABLET.....	8		
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	4		
VRAYLAR 1.5 MG CAPSULE.....	4		
VRAYLAR 3 MG CAPSULE.....	4		
VRAYLAR 4.5 MG CAPSULE.....	4		
VRAYLAR 6 MG CAPSULE.....	4		
XATMEP 2.5 MG/ML ORAL SOLUTION.....	7		
XELPROS 0.005 % EYE DROP EMULSION.....	14		