

ACYCLOVIR OINT (CCHP2017)

Products Affected

Step 2:

- *acyclovir 5 % topical ointment*

Details

Criteria	Step Therapy requires trial of one (1) of the following: oral generic acyclovir, oral generic famciclovir, oral generic valacyclovir.
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ALPHAGAN (CCHP2017)

Products Affected

Step 2:

- ALPHAGAN P 0.1 % EYE DROPS

Details

Criteria	Step Therapy requires trial of brimonidine 0.15%.
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ANTIDEPRESSANT_NVT 2017

Products Affected

Step 2:

- DESVENLAFAXINE ER 100 MG
TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE ER 50 MG
TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER
100 MG TABLET, EXTENDED
RELEASE 24 HR
- DESVENLAFAXINE FUMARATE ER
50 MG TABLET, EXTENDED
RELEASE 24 HR
- *duloxetine 40 mg capsule, delayed release*
- EMSAM 12 MG/24 HR
TRANSDERMAL 24 HOUR PATCH
- EMSAM 6 MG/24 HR TRANSDERMAL
24 HOUR PATCH
- EMSAM 9 MG/24 HR TRANSDERMAL
24 HOUR PATCH
- 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
- *fluvoxamine er 100 mg capsule, extended
release 24 hr*
- *fluvoxamine er 150 mg capsule, extended
release 24 hr*
- MARPLAN 10 MG TABLET
- 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 Therapy requires trial of one of the following generic SSRI's in previous 120 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, Paxil oral solution, or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
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ARICEPT 23_NVT 2015

Products Affected

Step 2:

- *donepezil 10 mg disintegrating tablet*
- *donepezil 5 mg disintegrating tablet*

Details

Criteria	Step Therapy requires trial of regular donepezil 5 mg or 10mg oral tablets in previous 120 days.
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DEXILANT_2019

Products Affected

Step 2:

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

Details

Criteria	Step therapy requires trial of lansoprazole in the previous 120 days.
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DPP4

Products Affected

Step 2:

- KOMBIGLYZE XR 2.5 MG-1,000 MG
TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-1,000 MG
TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-500 MG
TABLET,EXTENDED RELEASE
- ONGLYZA 2.5 MG TABLET
- ONGLYZA 5 MG TABLET

Details

Criteria	ST Criteria: Pending CMS Approval
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DRY EYE OTC (CCHP 2018)

Products Affected

Step 2:

- RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE

Details

Criteria	Step Therapy requires trial of OTC artificial tears.
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2020 Chinese Community Health Plan Senior Select Program (HMO SNP)

Step Therapy Criteria
Updated 10/2019

GLP1

Products Affected

Step 2:

- OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR

Details

Criteria	Step Therapy requires trial of METFORMIN in the past 120 days.
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LAMA

Products Affected

Step 2:

- SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

Details

Criteria	Step Therapy requires trial of Incruse or Tudorza.
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LAMA/LABA

Products Affected

Step 2:

- STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION

Details

Criteria	Step Therapy requires trial of ANORO.
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OPHTHALMIC ANTI-INFECTIVES_NVT 2015

Products Affected

Step 2:

- BESIVANCE 0.6 % EYE DROPS,SUSPENSION
- *gatifloxacin 0.5 % eye drops*

Details

Criteria	Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, or ofloxacinin previous 120 days.
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PANCREATIC ENZYMES_NVT 2015

Products Affected

Step 2:

- PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE

Details

Criteria	Step Therapy requires trial of CREON in previous 120 days.
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POLYETHYLENE GLYCOL

Products Affected

Step 2:

- LINZESS 145 MCG CAPSULE
- LINZESS 290 MCG CAPSULE
- LINZESS 72 MCG CAPSULE
- MOVANTIK 12.5 MG TABLET
- MOVANTIK 25 MG TABLET
- RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SOLUTION
- RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SYRINGE
- RELISTOR 8 MG/0.4 ML
SUBCUTANEOUS SYRINGE

Details

Criteria	ST Criteria: Pending CMS Approval
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SGLT2

Products Affected

Step 2:

- 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

Criteria	Step Therapy requires trial of METFORMIN in previous 120days.
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ST_RIVASTIGMINE_2019

Products Affected

Step 2:

- *rivastigmine 13.3 mg/24 hour transdermal patch*
- *rivastigmine 4.6 mg/24 hour transdermal patch*
- *rivastigmine 9.5 mg/24 hour transdermal patch*

Details

Criteria	Step Therapy requires trial of rivastigmine tablets in past 120 days.
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ST_SMOKINGCESS_2019

Products Affected

Step 2:

- *bupropion hcl 150 mg tablet, 12 hr
sustained-release(smoking deterrent)*

Details

Criteria	Step therapy requires trial of Nicoderm patches in previous 120 days.
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ULORIC_NVT 2015

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	Step Therapy requires trial of allopurinol in previous 120 days.
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ZADITOR OTC (CCHP2017)

Products Affected

Step 2:

- olopatadine 0.1 % eye drops

Step 3:

- olopatadine 0.2 % eye drops
- PAZEO 0.7 % EYE DROPS

Details

Criteria	Step Therapy requires trial of OTC zaditor/ketotifen for olopatadine ophth soln. Trial of olopatadine 1 mg/ml ophth soln required for olopatadine 2 mg/ml and PAZEO
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2020 Chinese Community Health Plan Senior Select Program (HMO SNP)

Step Therapy Criteria

Updated 10/2019

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DESVENLAFAXINE ER 50 MG
TABLET,EXTENDED RELEASE 24 HR
..... 3

DESVENLAFAXINE FUMARATE ER 100
MG TABLET, EXTENDED RELEASE
24 HR..... 3

DESVENLAFAXINE FUMARATE ER 50
MG TABLET, EXTENDED RELEASE
24 HR..... 3

DEXILANT 30 MG CAPSULE,
DELAYED RELEASE 5

DEXILANT 60 MG CAPSULE,
DELAYED RELEASE 5

donepezil 10 mg disintegrating tablet..... 4

donepezil 5 mg disintegrating tablet..... 4

duloxetine 40 mg capsule,delayered release.. 3

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24 HOUR PATCH..... 3

EMSAM 9 MG/24 HR TRANSDERMAL
24 HOUR PATCH..... 3

F

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febuxostat 80 mg tablet..... 17

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

fluvoxamine er 100 mg capsule,extended
release 24 hr..... 3

fluvoxamine er 150 mg capsule,extended
release 24 hr..... 3

G

gatifloxacin 0.5 % eye drops 11

I

INVOKAMET 150 MG-1,000 MG
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J

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JARDIANCE 25 MG TABLET 14

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KOMBIGLYZE XR 2.5 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

KOMBIGLYZE XR 5 MG-1,000 MG
TABLET,EXTENDED RELEASE 6

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Step Therapy Criteria

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KOMBIGLYZE XR 5 MG-500 MG
TABLET,EXTENDED RELEASE 6

L

LINZESS 145 MCG CAPSULE 13

LINZESS 290 MCG CAPSULE 13

LINZESS 72 MCG CAPSULE 13

M

MARPLAN 10 MG TABLET 3

MOVANTIK 12.5 MG TABLET 13

MOVANTIK 25 MG TABLET 13

O

olopatadine 0.1 % eye drops 18

olopatadine 0.2 % eye drops 18

ONGLYZA 2.5 MG TABLET 6

ONGLYZA 5 MG TABLET 6

OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5
ML) SUBCUTANEOUS PEN

INJECTOR 8

OZEMPIC 1 MG/DOSE (2 MG/1.5 ML)

SUBCUTANEOUS PEN INJECTOR 8

P

PANCREAZE 10,500 UNIT-35,500 UNIT-
61,500 UNIT CAPSULE,DELAYED
RELEASE 12

PANCREAZE 16,800 UNIT-56,800 UNIT-
98,400 UNIT CAPSULE,DELAYED
RELEASE 12

PANCREAZE 2,600 UNIT-6,200 UNIT-
10,850 UNIT CAPSULE,DELAYED
RELEASE 12

PANCREAZE 21,000 UNIT-54,700 UNIT-
83,900 UNIT CAPSULE,DELAYED
RELEASE 12

PANCREAZE 4,200 UNIT-14,200 UNIT-
24,600 UNIT CAPSULE,DELAYED
RELEASE 12

PAZEO 0.7 % EYE DROPS 18

R

RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SOLUTION 13

RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SYRINGE 13

RELISTOR 8 MG/0.4 ML
SUBCUTANEOUS SYRINGE 13

RESTASIS 0.05 % EYE DROPS IN A
DROPPERETTE 7

rivastigmine 13.3 mg/24 hour transdermal
patch 15

rivastigmine 4.6 mg/24 hour transdermal
patch 15

rivastigmine 9.5 mg/24 hour transdermal
patch 15

S

SPIRIVA RESPIMAT 1.25
MCG/ACTUATION SOLUTION FOR
INHALATION 9

SPIRIVA RESPIMAT 2.5
MCG/ACTUATION SOLUTION FOR
INHALATION 9

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SYNJARDY 5 MG-500 MG TABLET 14

SYNJARDY XR 10 MG-1,000 MG
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TABLET, EXTENDED RELEASE 14

SYNJARDY XR 5 MG-1,000 MG
TABLET, EXTENDED RELEASE 14

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TRINTELLIX 10 MG TABLET 3

TRINTELLIX 20 MG TABLET 3

TRINTELLIX 5 MG TABLET 3

TRULICITY 0.75 MG/0.5 ML
SUBCUTANEOUS PEN INJECTOR 8

TRULICITY 1.5 MG/0.5 ML
SUBCUTANEOUS PEN INJECTOR 8

U

ULORIC 40 MG TABLET 17

ULORIC 80 MG TABLET 17

2020 Chinese Community Health Plan Senior Select Program (HMO SNP)

Step Therapy Criteria
Updated 10/2019

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VIIBRYD 10 MG TABLET	3
VIIBRYD 20 MG TABLET	3
VIIBRYD 40 MG TABLET	3