Plan Year 2018

Signature Advantage HMO SNP Medicare Part D Prescription Drug Plan

Step Therapy Criteria (ST)

**Step Therapy:** In some cases, Signature Advantage HMO SNP Medicare Part D Prescription Drug Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Signature Advantage HMO SNP Medicare Part D Prescription Drug Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Signature Advantage HMO SNP Medicare Part D Prescription Drug Plan will then cover Drug B.

**PLEASE READ:**
THIS DOCUMENT CONTAINS INFORMATION ABOUT OUR STEP THERAPY CRITERIA.

Signature Advantage HMO SNP is an HMO plan with a Medicare contract. Enrollment in Signature Advantage HMO SNP depends on contract renewal.

Formulary ID: 00018336

Last updated 10/30/2017

Version: 6
Products Affected
APLENZIN 174MG ER TAB

Details
Criteria  Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.
Products Affected
APLENZIN 348MG ER TAB

Details
Criteria  Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.
## Products Affected
APLENZIN 522MG ER TAB

### Details

| Criteria | Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days. |
**Products Affected**  
ARANESP 100MCG/0.5ML SYRINGE  

**Details**  

| Criteria | Step Therapy requires trial of PROCRIT or EPOGEN |
### Products Affected
ARANESP 100MCG/ML INJ

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>
## Products Affected
ARANESP 10MCG/0.4ML SYRINGE

## Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>

Last Updated 10/30/2017
## Products Affected
ARANESP 150MCG/0.3ML SYRINGE

## Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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</table>
Products Affected
ARANESP 200MCG/0.4ML SYRINGE

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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</table>

Last Updated 10/30/2017
**Products Affected**
ARANESP 200MCG/ML INJ

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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</thead>
</table>
### Products Affected
ARANESP 25MCG/0.42ML SYRINGE

### Details

| Criteria | Step Therapy requires trial of PROCRIT or EPOGEN |
**Products Affected**
ARANESP 25MCG/ML INJ

**Details**

<table>
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<th>Criteria</th>
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## Products Affected
ARANESP 300MCG/0.6ML SYRINGE

## Details
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
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</table>
### Products Affected
ARANESP 300MCG/ML INJ

### Details

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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>
### Products Affected
ARANESP 40MCG/0.4ML SYRINGE

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of PROCRIT or EPOGEN</td>
</tr>
</tbody>
</table>
### Products Affected
ARANESP 40MCG/ML INJ

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>
**Products Affected**
ARANESP 500MCG/ML SYRINGE

**Details**

| Criteria | Step Therapy requires trial of PROCRIT or EPOGEN |
## Products Affected
ARANESP 60MCG/0.3ML SYRINGE

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>

### Products Affected
ARANESP 60MCG/ML INJ

### Details
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PROCRIT or EPOGEN</th>
</tr>
</thead>
</table>
**Products Affected**  
BESIVANCE 0.6% OPHTH SUSP  

**Details**  

| Criteria | Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX in previous 180 days. |
# Step Therapy Criteria

**Products Affected**

DESVENLAFAXINE 100MG ER TAB

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
</tr>
</tbody>
</table>
## Products Affected
DESVENLAFAXINE 50MG ER TAB

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria</td>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
</tr>
</tbody>
</table>
### Products Affected

donepezil 23mg tab

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of donepezil 10mg in previous 180 days.</th>
</tr>
</thead>
</table>
## Products Affected
DUOXETINE 40MG DR CAP

### Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**
ESTRING 2MG VAGINAL RING

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of PREMARIN VAGINAL CREAM in previous 180 days.</th>
</tr>
</thead>
</table>

24
Products Affected
EXTAVIA 0.3MG INJ

Details
Criteria  Step Therapy requires trial of two of the following: COPAXONE, AVONEX, or PLEGRIDY.
Products Affected
FETZIMA 120MG ER CAP

Details

Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
Products Affected
FETZIMA 20MG ER CAP

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
### Products Affected
FETZIMA 40MG ER CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>

Last Updated 10/30/2017
Products Affected
FETZIMA 80MG ER CAP

Details

Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
Products Affected
FETZIMA PACK

Details

Criteria  Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
# Products Affected

fluvoxamine maleate 100mg er cap

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
</tr>
</thead>
</table>

Products Affected
fluvoxamine maleate 150mg er cap

Details

Criteria  Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
**Products Affected**
gatifloxacin 0.5% ophth soln

**Details**
Criteria: Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX in previous 180 days.
# Products Affected

KHEDEZLA 100MG ER TAB

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
<td></td>
</tr>
</tbody>
</table>
Products Affected
KHEDEZLA 50MG ER TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**

lidocaine 5% ointment

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy Requires Trial of lidocaine gel/jelly in previous 180 days.</th>
</tr>
</thead>
</table>
### Products Affected
NAMZARIC 10-21MG ER CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Patient has tried or was</td>
<td>Patient has tried or was intolerant to donepezil and memantine.</td>
</tr>
<tr>
<td>intolerant to donepezil</td>
<td></td>
</tr>
<tr>
<td>and memantine.</td>
<td></td>
</tr>
</tbody>
</table>
### Products Affected
NAMZARIC 10-7MG ER CAP

### Details
| Criteria | Patient has tried or was intolerant to donepezil and memantine. |
**Products Affected**
NAMZARIC 14-10MG ER CAP

**Details**

| Criteria | Patient has tried or was intolerant to donepezil and memantine. |
Products Affected
NAMZARIC 28-10MG ER CAP

Details

| Criteria          | Patient has tried or was intolerant to donepezil and memantine. |
Products Affected
NAMZARIC TITRATION PACK

Details

| Criteria | Patient has tried or was intolerant to donepezil and memantine. |
### Products Affected

PANCREAZE 10500-25000-43750UNIT DR CAP

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
</tr>
</thead>
</table>

Step Therapy Criteria  
Last Updated 10/30/2017
### Products Affected
PANCREAZE 16800-40000-70000UNIT DR CAP

### Details

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
**Products Affected**
PANCREAZE 21000-37000-61000UNIT DR CAP

**Details**

| Criteria | Step Therapy requires trial of CREON in previous 180 days. |
### Products Affected
PANCREAZE 2600-6200-10850UNIT DR CAP

### Details

<table>
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<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of CREON in previous 180 days.</th>
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</table>

Last Updated 10/30/2017
**Products Affected**
PANCREAZE 4200-10000-17500UNIT DR CAP

**Details**
| Criteria                  | Step Therapy requires trial of CREON in previous 180 days. |
Products Affected
PEXEVA 10MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**
PEXEVA 20MG TAB

**Details**

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
# Step Therapy Criteria

**Products Affected**

PEXEVA 30MG TAB

**Details**

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<th>Description</th>
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<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
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</table>
### Products Affected

PEXEVA 40MG TAB

### Details

<table>
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</tr>
</tbody>
</table>
Products Affected
TRINTELLIX 10MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
Products Affected
TRINTELLIX 20MG TAB

Details

| Criteria | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
### Products Affected

TRINTELLIX 5MG TAB

### Details

| Criteria   | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |
**Products Affected**
ULORIC 40MG TAB

**Details**

| Criteria | Step Therapy requires trial of allopurinol in previous 180 days. |
Products Affected
ULORIC 80MG TAB

Details
Criteria  Step Therapy requires trial of allopurinol in previous 180 days.
### Products Affected
vancomycin 125mg cap

### Details

| Criteria | Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease. |

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56
Products Affected
vancomycin 250mg cap

Details

| Criteria | Step Therapy requires trial of metronidazole in previous 180 days. If for C. difficile-associate diarrhea, step therapy not required if for severe or complicated disease. |
## Products Affected

VIIBRYD 10/20MG STARTER PACK

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</th>
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</thead>
</table>
Products Affected
VIIBRYD 10MG TAB

Details

Criteria

Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
### Products Affected

VIIBRYD 20MG TAB

### Details

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<td>Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.</td>
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</tbody>
</table>
### Products Affected

| VIIBRYD 40MG TAB |

### Details

| Criteria                  | Step Therapy requires trial of one of the following generic SSRI's in previous 180 days: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain. |