



Plan Year 2018

Vantage Health Plan (HMO)

Step Therapy Criteria (ST)

Step Therapy: In some cases, Vantage Health 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 Vantage Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Vantage Health Plan will then cover Drug B.

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

Vantage Health Plan, Inc. is an HMO plan with a Medicare contract. Enrollment in Vantage Health Plan, Inc. depends on contract renewal.

Last updated 11/01/2018

Formulary ID: 00018359
Version: 19

2018 Vantage Health Plan Medicare Formulary

Step Therapy Criteria

Last Updated 11/1/2018

Products Affected

APLENZIN 174MG ER TAB

Details

Criteria	Step Therapy requires trial of bupropion SR or bupropion XL in previous 180 days.
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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 PROCIT or EPOGEN

Products Affected

ARANESP 100MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 10MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 150MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 200MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 200MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 25MCG/0.42ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 25MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 300MCG/0.6ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 300MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 40MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 40MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 500MCG/ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCRIT or EPOGEN

Products Affected

ARANESP 60MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

ARANESP 60MCG/ML INJ

Details

Criteria Step Therapy requires trial of PROCIT or EPOGEN

Products Affected

BECONASE 42MCG NASAL INHALER

Details

Criteria Step Therapy requires trial of one (1) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

Products Affected

BESIVANCE 0.6% OPHTH SUSP

Details

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

Products Affected

DESVENLAFAXINE FUMARATE 100MG 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

DESVENLAFAXINE FUMARATE 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

DEXILANT 30MG DR CAP

Details

Criteria Step Therapy requires trial of rabeprazole, omeprazole, lansoprazole or pantoprazole in previous 180 days.

Products Affected

DEXILANT 60MG DR CAP

Details

Criteria Step Therapy requires trial of rabeprazole, omeprazole, lansoprazole or pantoprazole in previous 180 days.

Products Affected

DIFICID 200MG TAB

Details

Criteria Step Therapy requires trial of vancomycin.

Products Affected

donepezil 23mg tab

Details

Criteria Step Therapy requires trial of donepezil 10mg in previous 180 days.

Products Affected

DULOXETINE 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

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

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 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

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 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

KHEDEZLA 100MG 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

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

LEVALBUTEROL 45MCG INH

Details

Criteria Step Therapy requires trial of VENTOLIN HFA in previous 180 days.

Products Affected

lidocaine 5% ointment

Details

Criteria Step Therapy Requires Trial of lidocaine gel/jelly in previous 180 days.

Products Affected

mometasone 50mcg nasal spray

Details

Criteria Step Therapy requires trial of one (1) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

Products Affected

NAMZARIC 10-21MG ER CAP

Details

Criteria Patient has tried or was intolerant to donepezil and memantine.

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

NORITATE 1% CREAM

Details

Criteria Step Therapy requires trial of FINACEA.

Products Affected

OXYTROL 3.9MG/24HR PATCH

Details

Criteria Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days.

Products Affected

PANCREAZE 10500-25000-43750UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

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

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

PANCREAZE 4200-10000-17500UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

PERTZYE 16000-57500-60500UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

PERTZYE 4000-14375-15125UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

PERTZYE 8000-28800-30300UNIT 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.

Products Affected

PEXEVA 30MG 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 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.

Products Affected

PRISTIQ 100MG 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

PRISTIQ 25MG 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

PRISTIQ 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

QNASL 40MCG NASAL INHALER

Details

Criteria Step Therapy requires trial of one (1) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

Products Affected

QNASL 80MCG NASAL INHALER

Details

Criteria Step Therapy requires trial of one (1) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ or mometasone. If for prophylaxis of seasonal allergic rhinitis, step therapy not required for mometasone. If for seasonal and perennial vasomotor nonallergic rhinitis, trial of fluticasone only required for BECONASE AQ.

Products Affected

RYTARY 23.75-95MG ER CAP

Details

Criteria Step Therapy requires trial of carbidopa/levodopa ER tab.

Products Affected

RYTARY 36.25-145MG ER CAP

Details

Criteria Step Therapy requires trial of carbidopa/levodopa ER tab.

Products Affected

RYTARY 48.75-195MG ER CAP

Details

Criteria Step Therapy requires trial of carbidopa/levodopa ER tab.

Products Affected

RYTARY 61.25-245MG ER CAP

Details

Criteria Step Therapy requires trial of carbidopa/levodopa ER tab.

Products Affected

TOVIAZ 4MG ER TAB

Details

Criteria Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days.

Products Affected

TOVIAZ 8MG ER TAB

Details

Criteria Step Therapy requires trial of Vesicare OR Myrbetriq in previous 180 days.

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.
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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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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.
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Products Affected

VIIIBRYD 10/20MG STARTER 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

VIIIBRYD 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

VIIIBRYD 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

VIIIBRYD 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.

Products Affected

XOPENEX 45MCG INH

Details

Criteria Step Therapy requires trial of VENTOLIN HFA in previous 180 days.

Products Affected

ZENPEP 10000-32000-42000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 15000-47000-63000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 20000-63000-84000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 25000-79000-105000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 3000-10000-14000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 40000-126000-168000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZENPEP 5000-17000-24000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON in previous 180 days.

Products Affected

ZIOPTAN 0.0015% OPHTH SOLN

Details

Criteria Step Therapy requires trial of latanoprost.