

## ACYCLOVIR OINT (CCHP2017)

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### Products Affected

#### Step 2:

- *acyclovir 5 % topical ointment*

### Details

<b>Criteria</b>	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)

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### Products Affected

#### Step 2:

- ALPHAGAN P 0.1 % EYE DROPS

### Details

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Criteria
Step Therapy requires trial of brimonidine 0.15%.

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## ANTIDEPRESSANT\_NVT 2017

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### 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

<b>Criteria</b>	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

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### Products Affected

**Step 2:**

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

### Details

<b>Criteria</b>	Step Therapy requires trial of regular donepezil 5 mg or 10mg oral tablets in previous 120 days.
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## DEXILANT\_2019

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### Products Affected

#### Step 2:

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

### Details

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

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## DPP4

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### Products Affected

#### Step 2:

- 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
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET

#### Step 3:

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

### Details

<b>Criteria</b>	Step Therapy requires trial of Metformin for Januvia, Janumet, or Janumet XR in the past 120 days. Trial of both Metformin AND Janumet, Janumet XR, OR Januvia required for Onglyza or Kombiglyze XR in the past 120 days.
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## DRY EYE OTC (CCHP 2018)

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### Products Affected

#### Step 2:

- RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE

### Details

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Criteria
Step Therapy requires trial of OTC artificial tears.

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## GLP1

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### 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

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<b>Criteria</b>	ST Criteria: Pending CMS Approval
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## LAMA/LABA

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### Products Affected

**Step 2:**

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

### Details

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<b>Criteria</b>	Step Therapy requires trial of ANORO.
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## OPHTHALMIC ANTI-INFECTIVES\_NVT 2015

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### Products Affected

#### Step 2:

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

### Details

<b>Criteria</b>	Step Therapy requires trial of one of the following ciprofloxacin, levofloxacin, or ofloxacinin previous 120 days.
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## PANCREATIC ENZYMES\_NVT 2015

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### 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.

## POLYETHYLENE GLYCOL

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### Products Affected

#### Step 2:

- AMITIZA 24 MCG CAPSULE
- AMITIZA 8 MCG CAPSULE
- 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

<b>Criteria</b>	Step Therapy requires trial of OTC polyethylene glycol in the past 120 days.
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## SGLT2

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### 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

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Criteria	ST Criteria: Pending CMS Approval
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## ST\_RIVASTIGMINE\_2019

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### Products Affected

#### Step 2:

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

### Details

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

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## ST\_SMOKINGCESS\_2019

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### Products Affected

#### Step 2:

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

### Details

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

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## ULORIC\_NVT 2015

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### Products Affected

#### Step 2:

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

### Details

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Criteria
Step Therapy requires trial of allopurinol in previous 120 days.

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## ZADITOR OTC (CCHP2017)

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### Products Affected

#### Step 2:

- *olopatadine 0.1 % eye drops*

#### Step 3:

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

### Details

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<b>Criteria</b>	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 8/2020

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

Step Therapy Criteria

Updated 8/2020

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

Step Therapy Criteria  
*Updated 8/2020*

**U**

ULORIC 40 MG TABLET ..... 16  
ULORIC 80 MG TABLET ..... 16

**V**

VICTOZA 3-PAK 0.6 MG/0.1 ML (18  
MG/3 ML) SUBCUTANEOUS PEN  
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VIIBRYD 10 MG (7)-20 MG (23)

TABLETS IN A DOSE PACK..... 3  
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