

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.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

ALPHAGAN (CCHP2017)

Products Affected

Step 2:

- ALPHAGAN P 0.1 % EYE DROPS
- COMBIGAN 0.2 %-0.5 % EYE DROPS
- SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION

Details

Criteria
Step Therapy requires trial of brimonidine 0.15% or brimonidine 0.2%.

ANAPHYLAXIS_NVT 2015

Products Affected

Step 2:

- *epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)*
- *epinephrine 0.3 mg/0.3 ml injection, injector-auto*

Details

Criteria
Step Therapy requires trial of EPIPEN or EPINEPHRINE 0.15MG/0.3ML AUTO-INJECTOR in previous 120 days.

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*
- DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE
- DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE
- DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE
- DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE
- *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
- PEXEVA 10 MG TABLET
- PEXEVA 20 MG TABLET
- PEXEVA 30 MG TABLET
- PEXEVA 40 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.
-----------------	--

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

APLENZIN_NVT 2015

Products Affected

Step 2:

- APLENZIN 174 MG
TABLET,EXTENDED RELEASE
- APLENZIN 348 MG
TABLET,EXTENDED RELEASE
- APLENZIN 522 MG
TABLET,EXTENDED RELEASE

Details

Criteria	Step Therapy requires trial of bupropion SR or bupropion XL in previous 120 days.
-----------------	---

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

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.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

COPD

Products Affected

Step 2:

- INCRUSE ELLIPTA 62.5
MCG/ACTUATION POWDER FOR
INHALATION

Details

Criteria	Step Therapy requires a trial of Spiriva or Spiriva Respimat in previous 120 days.
-----------------	--

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

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.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

DIFICID_NVT

Products Affected

Step 2:

- DIFICID 200 MG TABLET

Details

Criteria	
	Step Therapy requires trial of vancomycin.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

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	Step Therapy requires trial of Januvia, Janumet, or Janumet XR in the past 120 days.
-----------------	--

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.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

ESTRING_NVT 2016

Products Affected

Step 2:

- ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING
- FEMRING 0.05 MG/24 HR VAGINAL
- FEMRING 0.1 MG/24 HR VAGINAL
- PREMARIN 0.625 MG/GRAM VAGINAL CREAM

Details

Criteria
Step Therapy requires trial of ESTRADIOL VAGINAL CREAM OR TABLET in previous 120 days.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

GLUCAGON

Products Affected

Step 2:

- BAQSIMI 3 MG/ACTUATION NASAL SPRAY
- GLUCAGEN HYPOKIT 1 MG INJECTION
- GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION

Details

Criteria	
	Step Therapy requires a trial of Gvoke in the previous 120 days.

NASAL CORTICOSTEROIDS_NVT 2017

Products Affected

Step 2:

- BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY
- *mometasone 50 mcg/actuation nasal spray*
- OMNARIS 50 MCG NASAL SPRAY
- QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY
- QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY
- ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER

Details

Criteria	
	Step Therapy requires trial of TWO (2) formulary generic Nasal Corticosteroids. If for nasal polyps, step therapy not required for BECONASE AQ. 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.

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.

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-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE

Details

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

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	Step Therapy requires trial of OTC polyethylene glycol in the past 120 days.
-----------------	--

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

RYTARY_NVT

Products Affected

Step 2:

- RYTARY 23.75 MG-95 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 36.25 MG-145 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 48.75 MG-195 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 61.25 MG-245 MG
CAPSULE,EXTENDED RELEASE

Details

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

ST_RIVASTIGMINE_2019

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

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

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 nicotine patches in previous 120 days.

ULORIC_NVT 2015

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

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

URINARY ANTISPASMODICS_NVT

Products Affected

Step 2:

- *darifenacin er 15 mg tablet, extended release 24 hr*
- *darifenacin er 7.5 mg tablet, extended release 24 hr*
- OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH
- TOVIAZ 4 MG TABLET, EXTENDED RELEASE
- TOVIAZ 8 MG TABLET, EXTENDED RELEASE

Details

Criteria	Step Therapy requires trial of solifenacin OR Myrbetriq in previous 120 days.
-----------------	---

ZADITOR OTC (CCHP2017)

Products Affected

Step 2:

- *olopatadine 0.1 % eye drops*

Step 3:

- *olopatadine 0.2 % 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.
-----------------	--

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

ZELAPAR

Products Affected

Step 2:

- ZELAPAR 1.25 MG DISINTEGRATING TABLET

Details

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

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

ZIOPTAN_NVT

Products Affected

Step 2:

- ZIOPTAN (PF) 0.0015 % EYE DROPS
IN A DROPPERETTE

Details

Criteria	
	Step Therapy requires trial of latanoprost.

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

INDEX

A

acyclovir 5 % topical ointment.....	1
ALPHAGAN P 0.1 % EYE DROPS	2
APLENZIN 174 MG TABLET,EXTENDED RELEASE	5
APLENZIN 348 MG TABLET,EXTENDED RELEASE	5
APLENZIN 522 MG TABLET,EXTENDED RELEASE	5

B

BAQSIMI 3 MG/ACTUATION NASAL SPRAY	13
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY	14
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	15
bupropion hcl 150 mg tablet,12 hr sustained- release(smoking deterrent)	20

C

COMBIGAN 0.2 %-0.5 % EYE DROPS....	2
------------------------------------	---

D

darifenacin er 15 mg tablet,extended release 24 hr	22
darifenacin er 7.5 mg tablet,extended release 24 hr	22
desvenlafaxine er 100 mg tablet,extended release 24 hr	4
desvenlafaxine er 50 mg tablet,extended release 24 hr	4
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	8
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	8
DIFICID 200 MG TABLET	9
donepezil 10 mg disintegrating tablet.....	6
donepezil 5 mg disintegrating tablet.....	6
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	4
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	4
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	4

DRIZALMA SPRINKLE 60 MG

CAPSULE,DELAYED RELEASE	4
duloxetine 40 mg capsule,delayed release...	4

E

EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	4
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	4
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	4
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	3
epinephrine 0.3 mg/0.3 ml injection, injector-auto.....	3
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	12

F

febuxostat 40 mg tablet	21
febuxostat 80 mg tablet	21
FEMRING 0.05 MG/24 HR VAGINAL... 12	
FEMRING 0.1 MG/24 HR VAGINAL.... 12	
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	4
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	4
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE.....	4
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE.....	4
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	4
fluvoxamine er 100 mg capsule,extended release 24 hr	4
fluvoxamine er 150 mg capsule,extended release 24 hr	4

G

gatifloxacin 0.5 % eye drops	15
GLUCAGEN HYPOKIT 1 MG INJECTION.....	13
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	13

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria

Updated 10/2021

I	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	7
K	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	10
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	10
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE	10
L	
LINZESS 145 MCG CAPSULE	17
LINZESS 290 MCG CAPSULE	17
LINZESS 72 MCG CAPSULE	17
M	
MARPLAN 10 MG TABLET	4
mometasone 50 mcg/actuation nasal spray	14
MOVANTIK 12.5 MG TABLET.....	17
MOVANTIK 25 MG TABLET.....	17
O	
olopatadine 0.1 % eye drops.....	23
olopatadine 0.2 % eye drops.....	23
OMNARIS 50 MCG NASAL SPRAY	14
ONGLYZA 2.5 MG TABLET	10
ONGLYZA 5 MG TABLET	10
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH.....	22
P	
PANCREAZE 10,500 UNIT-35,500 UNIT- 61,500 UNIT CAPSULE,DELAYED RELEASE.....	16
PANCREAZE 16,800 UNIT-56,800 UNIT- 98,400 UNIT CAPSULE,DELAYED RELEASE.....	16
PANCREAZE 2,600 UNIT-8,800 UNIT- 15,200 UNIT CAPSULE,DELAYED RELEASE.....	16
PANCREAZE 21,000 UNIT-54,700 UNIT- 83,900 UNIT CAPSULE,DELAYED RELEASE.....	16
PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE	16
PANCREAZE 4,200 UNIT-14,200 UNIT- 24,600 UNIT CAPSULE,DELAYED RELEASE.....	16
PERTZYE 16,000 UNIT-57,500 UNIT- 60,500 UNIT CAPSULE,DELAYED RELEASE.....	16
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE	16
PERTZYE 4,000 UNIT-14,375 UNIT- 15,125 UNIT CAPSULE,DELAYED RELEASE.....	16
PERTZYE 8,000 UNIT-28,750 UNIT- 30,250 UNIT CAPSULE,DELAYED RELEASE.....	16
PEXEVA 10 MG TABLET.....	4
PEXEVA 20 MG TABLET.....	4
PEXEVA 30 MG TABLET.....	4
PEXEVA 40 MG TABLET.....	4
PREMARIN 0.625 MG/GRAM VAGINAL CREAM.....	12
Q	
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY	14
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY	14
R	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	17
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE.....	17
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE.....	17
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	11
rivastigmine 13.3 mg/24 hour transdermal patch	19
rivastigmine 4.6 mg/24 hour transdermal patch	19
rivastigmine 9.5 mg/24 hour transdermal patch	19
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE	18
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE	18

2021 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2021

RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE18	ZENPEP 10,000 UNIT-32,000 UNIT- 42,000 UNIT CAPSULE,DELAYED RELEASE.....16
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE18	ZENPEP 15,000 UNIT-47,000 UNIT- 63,000 UNIT CAPSULE,DELAYED RELEASE.....16
S	ZENPEP 20,000 UNIT-63,000 UNIT- 84,000 UNIT CAPSULE,DELAYED RELEASE.....16
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION2	ZENPEP 25,000 UNIT-79,000 UNIT- 105,000 UNIT CAPSULE,DELAYED RELEASE.....16
T	ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE16
TOVIAZ 4 MG TABLET,EXTENDED RELEASE.....22	ZENPEP 40,000 UNIT-126,000 UNIT- 168,000 UNIT CAPSULE,DELAYED RELEASE.....16
TOVIAZ 8 MG TABLET,EXTENDED RELEASE.....22	ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE16
TRINTELLIX 10 MG TABLET4	ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER14
TRINTELLIX 20 MG TABLET4	ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE25
TRINTELLIX 5 MG TABLET4	
V	
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK4	
VIIBRYD 10 MG TABLET.....4	
VIIBRYD 20 MG TABLET.....4	
VIIBRYD 40 MG TABLET.....4	
Z	
ZELAPAR 1.25 MG DISINTEGRATING TABLET.....24	