



Samaritan
Health Plans

Step Therapy Criteria

InterCommunity Health Network

PLEASE READ: This document contains information about the criteria for coverage for this plan.

Updated on 1/13/2022. For more recent information or other questions, please contact Pharmacy Services at 541-768-4550 or toll free 800-832-4580 (TTY 800-735-2900) or visit samhealthplans.org. Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

Aimovig

Products Affected

- Aimovig 140 mg/mL

Details

Criteria	Trial and failure of Aimovig 70 mg/mL of at least 12 weeks
-----------------	--

Proton Pump Inhibitors

Products Affected

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

Details

Criteria	Patient must have tried and failed omeprazole, lansoprazole, or pantoprazole within the past 120 days.
-----------------	--

Dipeptidyl Peptidase 4 (DPP-4) Inhibitor and Biguanide

Products Affected

- JANUMET TABLET 50-1000 MG ORAL
- JANUMET TABLET 50-500 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- JANUVIA TABLET 100 MG ORAL
- JANUVIA TABLET 25 MG ORAL
- JANUVIA TABLET 50 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL
- TRADJENTA TABLET 5 MG ORAL

Details

Criteria	Patient must have clinically diagnosed Type 2 Diabetes. Patients are required to try and fail or be concurrently using metformin AND a sulfonylurea OR insulin prior to approval.
-----------------	---

Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors

Products Affected

- FARXIGA TABLET 10 MG ORAL
- FARXIGA TABLET 5 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL
- JARDIANCE TABLET 10 MG ORAL
- JARDIANCE TABLET 25 MG ORAL

Details

Criteria	Patient must have clinically diagnosed Type 2 Diabetes. Patients are required to try and fail or be concurrently using metformin or have clinical documentation stating an intolerance to or safety concern with the utilization of metformin therapy.
-----------------	--

Tolterodine

Products Affected

- TOLTERODINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- TOLTERODINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- TOLTERODINE TARTRATE TABLET 1 MG ORAL
- TOLTERODINE TARTRATE TABLET 2 MG ORAL

Details

Criteria	Patient must have tried and failed Oxybutynin within the past 120 days or have clinical documentation stating an intolerance to or a safety concern with the utilization of Oxybutynin therapy.
-----------------	---

Toujeo (Glargine U-300)

Products Affected

- **TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS**
- **TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS**

Details

Criteria	Look back of 365 days for any non-concentrated basal insulin product, (i.e. Basaglar, Levemir, NPH, etc.). An exception to the above step therapy will be granted if the member has documented administration barriers OR requires multiple doses of non-concentrated basal insulin.
-----------------	--

Trelegy Ellipta

Products Affected

- **TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION**
- **TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH INHALATION**

Details

Criteria	Patient must have a documented 4-week trial and failure of or had an inadequate response to two of the following formulary agents (either as a single agent or in combination) within the past 120 days.: <ul style="list-style-type: none">• a LABA (Long-Acting Beta Agonists)• a LAMA (Long-Acting Muscarinic Antagonist)• an ICS (Inhaled Corticosteroids)
-----------------	--
