

# **2018 Step Therapy Criteria**

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## 2018 Medicare Formulary

### Bydureon/Byetta

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#### Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS
- BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS
- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS

#### Details

Details	
Criteria	Must have tried Metformin

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Eucrisa

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## Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

## Details

<b>Criteria</b>	Trial of topical corticosteroid when clinically reasonable.
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Farxiga

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## Products Affected

- FARXIGA TABLET 10 MG ORAL
- FARXIGA TABLET 5 MG ORAL

## Details

Criteria	Must have tried metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# For Tradjenta must have tried Sulfonylurea and Metformin

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## Products Affected

- TRADJENTA TABLET 5 MG ORAL

## Details

<b>Criteria</b>	For Tradjenta must try Metformin or Sulfonylurea
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Jardiance

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## Products Affected

- JARDIANCE TABLET 10 MG ORAL
- JARDIANCE TABLET 25 MG ORAL

## Details

Criteria	Must have tried metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Jentaduetto

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## Products Affected

- JENTADUETO TABLET 2.5-1000 MG ORAL
- JENTADUETO TABLET 2.5-500 MG ORAL
- JENTADUETO TABLET 2.5-850 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL

## Details

Criteria	Trial of metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Qtern

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## Products Affected

- QTERN TABLET 10-5 MG ORAL

## Details

Criteria	Must have tried Metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



# Synjardy

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## Products Affected

- SYNJARDY TABLET 12.5-1000 MG ORAL
- SYNJARDY TABLET 12.5-500 MG
- ORAL
- SYNJARDY TABLET 5-1000 MG ORAL
- SYNJARDY TABLET 5-500 MG ORAL

## Details

Criteria	Trial of Metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Tanzeum

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## Products Affected

- TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 50 MG
- VICTOZA SOLUTION PEN-INJECTOR SUBCUTANEOUS

## Details

Criteria	Must have Tried metformin
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Tekturna Must fail ARB

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## Products Affected

- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

## Details

<b>Criteria</b>	For Tekturna Must try an ARB
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

# Trelegy

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## Products Affected

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

## Details

Criteria	Trial of a LABA or LAMA containing product
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

**Index**

BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS.....	6
BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS.....	6
BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS.....	6
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS.....	6
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS.....	6
EUCRISA OINTMENT 2 % EXTERNAL.....	7
FARXIGA TABLET 10 MG ORAL.....	8
FARXIGA TABLET 5 MG ORAL.....	8
JARDIANCE TABLET 10 MG ORAL.....	10
JARDIANCE TABLET 25 MG ORAL.....	10
JENTADUETO TABLET 2.5-1000 MG ORAL.....	11
JENTADUETO TABLET 2.5-500 MG ORAL.....	11
JENTADUETO TABLET 2.5-850 MG ORAL.....	11
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	11
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	11
QTERN TABLET 10-5 MG ORAL.....	12
SYNJARDY TABLET 12.5-1000 MG ORAL.....	13
SYNJARDY TABLET 12.5-500 MG ORAL.....	13
SYNJARDY TABLET 5-1000 MG ORAL.....	13
SYNJARDY TABLET 5-500 MG ORAL.....	13
TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS.....	14
TANZEUM PEN-INJECTOR 50 MG SUBCUTANEOUS.....	14
TEKTURN TABLET 150 MG ORAL....	15
TEKTURN TABLET 300 MG ORAL....	15
TRADJENTA TABLET 5 MG ORAL.....	9
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION.....	16
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	14

## Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Health Care Plans  
Civil Rights Coordinator  
1340 Ridgewood Avenue,  
Holly Hill, FL 32117.  
Phone: 1-844-219-6137,  
TTY: 1-800-955-8770  
Fax: 386-676-7149,  
Email: [rights@fhcp.com](mailto:rights@fhcp.com).

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you or someone you're helping has questions about Florida Health Care Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-615-4022. (TTY: TRS Relay 711)

Si usted o alguien a quien ayuda tienen preguntas sobre Florida Health Care Plans, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al 1-877-615-4022. (TTY: TRS Relay 711)

Si ou menm, oswa yon moun w ap ede, gen kesyon sou Florida Health Care Plans ,ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele 1-877-615-4022. (TTY: TRS Relay 711)

Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Florida Health Care Plans, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số 1-877-615-4022. (TTY: TRS Relay 711)

Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre Florida Health Care Plans, tem o direito de obter ajuda e informações na sua língua, sem nenhuma custas. Para falar com um intérprete, ligue para 1-877-615-4022. (TTY: TRS Relay 711)

如果您或您正協助的某人對Florida Health Care Plans 有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電1-877-615-4022. (TTY: TRS Relay 711)

Si vous ou une personne que vous aidez avez des questions au sujet de Florida Health Care Plans, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le 1-877-615-4022. (TTY: TRS Relay 711)

Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa Florida Health Care Plans, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 1-877-615-4022. (TTY: TRS Relay 711)

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе Florida Health Care Plans, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону 1-877-615-4022. (TTY: TRS Relay 711)

إذا كان لديك أو الشخص الذي تساعد استفسارات حول [Florida Health Care Plans]، يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم [1-877-615-4022. (TTY: TRS Relay 711)]

se voi, o una persona che state aiutando, avete domande relative al Florida Health Care Plans, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero 1-877-615-4022. (TTY: TRS Relay 711)

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über Florida Health Care Plans haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer 1-877-615-4022. (TTY: TRS Relay 711) an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이 Florida Health Care Plans에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면 1-877-615-4022. (TTY: TRS Relay 711) 번으로 전화해 주십시오.

Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące Florida Health Care Plans, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer 1-877-615-4022. (TTY: TRS Relay 711)

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને Florida Health Care Plans વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-615-4022. (TTY: TRS Relay 711) પર ફોન કરો.

หากคุณ หรือคนที่กำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ Florida Health Care Plans คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร. 1-877-615-4022. (TTY: TRS Relay 711)