

# **2025**

# **Step Therapy Criteria**

Last Updated: 08/26/2024

HPMS Approved Formulary File Submission ID 00025419, Version Number 13

# GLP-1 Agonists

---

## Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML 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

Criteria	Trial of Metformin
----------	--------------------

---

# ICS/LABA/LAMA

---

## Products Affected

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

## Details

Criteria	Trial of a LABA or LAMA containing product
----------	--

# Topical PDE-4 Inhibitors

---

## Products Affected

- EUCRISA OINTMENT 2 %  
EXTERNAL

## Details

<b>Criteria</b>	Trial of topical corticosteroid
-----------------	---------------------------------

**Index**

**BYDUREON BCISE AUTO-  
INJECTOR 2 MG/0.85ML  
SUBCUTANEOUS.....11**

**BYETTA 10 MCG PEN SOLUTION  
PEN-INJECTOR 10 MCG/0.04ML  
SUBCUTANEOUS.....11**

**BYETTA 5 MCG PEN SOLUTION  
PEN-INJECTOR 5 MCG/0.02ML  
SUBCUTANEOUS.....11**

**EUCRISA OINTMENT 2 %  
EXTERNAL..... 13**

**TRELEGY ELLIPTA AEROSOL  
POWDER BREATH ACTIVATED  
100-62.5-25 MCG/ACT INHALATION .12**

**TRELEGY ELLIPTA AEROSOL  
POWDER BREATH ACTIVATED  
200-62.5-25 MCG/ACT INHALATION .12**