Commercial Plans

2020 Step Therapy Criteria

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36194_MPINFO7673(10/19)
<table>
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<tr>
<th>Step Therapy Group</th>
<th>Algorithm</th>
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<tr>
<td>Fosrenol, Renagel, Renvela</td>
<td>Step 1 - Member needs to have documented trial of calcium acetate 667 mg in the past 180 days prior to moving to Step 2 drug: Fosrenol, Renagel, or Renvela</td>
<td>Step 2: FOSRENOL 1,000 MG CHEWABLE TABLET, FOSRENOL 500 MG CHEWABLE TABLET, FOSRENOL 750 MG CHEWABLE TABLET, RENAGEL 800 MG TABLET, RENVELA 0.8 GRAM ORAL POWDER PACKET, RENVELA 2.4 GRAM ORAL POWDER PACKET, RENVELA 800 MG TABLET</td>
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<tr>
<td>Oxistat (oxiconazole)</td>
<td>Step 1 - Member needs to have documented trial of ketoconazole AND clotrimazole topical products in the past 180 days prior to moving to Step 2 drug: Oxistat (oxiconazole topical)</td>
<td><strong>Step 2</strong>: oxiconazole 1% topical cream</td>
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<td>Symbicort</td>
<td>Must have tried and failed Advair in the past 180 days prior to using Symbicort.</td>
<td>Step 2: SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER, SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER</td>
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<td>Triptan Therapy</td>
<td>Step 1 - Member needs to have documented trial of sumatriptan (tablets, subcutaneous) in the last 180 days prior to moving to Step 2 drug: almotriptan tablets, frovatriptan tablets, naratriptan tablets, Relpax tablets, rizatriptan, rizatriptan ODT, zolmitriptan, zolmitriptan ODT, Zomig Nasal Spray</td>
<td>Step 2: almotriptan malate 12.5 mg tablet, almotriptan malate 6.25 mg tablet, frovatriptan 2.5 mg tablet, naratriptan 1 mg tablet, naratriptan 2.5 mg tablet, RELPAX 20 MG TABLET, RELPAX 40 MG TABLET, zolmitriptan 2.5 mg disintegrating tablet, zolmitriptan 2.5 mg tablet, zolmitriptan 5 mg disintegrating tablet, zolmitriptan 5 mg tablet, ZOMIG 2.5 MG NASAL SPRAY, ZOMIG 5 MG NASAL SPRAY</td>
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<td>Uloric</td>
<td>Step 1 - Member needs to have documented trial of allopurinol in the past 180 days prior to moving to Step 2 drug: Uloric</td>
<td>Step 2: ULORIC 40 MG TABLET, ULORIC 80 MG TABLET</td>
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<td>Viibryd</td>
<td>Step 1 - Member needs to have documented trial of any two (2) of the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine in the last 1 year prior to moving to Step 2 drug: Viibryd</td>
<td>Step 2: VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK, VIIBRYD 10 MG TABLET, VIIBRYD 20 MG TABLET, VIIBRYD 40 MG TABLET</td>
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This formulary was updated on 03/01/2019. For more recent information or other questions, please call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

You must generally use network pharmacies to use your prescription drug benefit. The Formulary or pharmacy network may change at any time. You will receive notice when necessary.

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Health First Health 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, accessible electronic 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, please contact our Civil Rights Coordinator.

If you believe that Health First Health 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: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscoordinator@hf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).


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If you, or someone you’re helping, has questions about Health First Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-443-4735.
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36194-77150_MINFO109 (08/2016)