Samaritan Health Plans

Step Therapy Criteria

Samaritan Choice

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

Updated on 3/01/2025. 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.

Antipsychotics - Misc.

Products Affected

- **VRAYLAR CAPSULE 1.5 MG ORAL**
- **VRAYLAR CAPSULE 3 MG ORAL**
- **VRAYLAR CAPSULE 4.5 MG ORAL**
- **VRAYLAR CAPSULE 6 MG ORAL**
- **VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL**

Details

Criteria	Must try and fail 2 generic second generation antipsychotics.

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**
- **ONGLYZA TABLET 2.5 MG ORAL**
- **ONGLYZA TABLET 5 MG ORAL**
- **SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG**
- **SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG**
- **SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)**
- **SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)**
- **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.

Lisdexamfetamine (VYVANSE)

Products Affected

- **LISDEXAMFETAMINE CAP**

Details

Criteria	**ADHD:** Prior trial (30-day trial) of an extended-release amphetamine product (amphetamine salts ER, dextroamphetamine ER, etc.) and an extended-release methylphenidate product (dexmethylphenidate ER, methylphenidate ER). **BED:** Clinical documentation confirming binge eating disorder diagnosis per DSM-5 criteria. Trial and failure of at least two therapeutic alternatives including SSRIs, topiramate, and/or methylphenidate. **Age:** 18 years age and older

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.

Serotonin Modulators

Products Affected

- **TRINTELLIX TABLET 10 MG ORAL**
- **TRINTELLIX TABLET 20 MG ORAL**
- **TRINTELLIX TABLET 5 MG ORAL**
- **VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL**
- **VIIBRYD TABLET 10 MG ORAL**
- **VIIBRYD TABLET 20 MG ORAL**
- **VIIBRYD TABLET 40 MG ORAL**

Details

Criteria	Must try and fail 2 generic SSRIs and/or SNRIs.

Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors

Products Affected

- **DAPAGLIFLOZIN**
- **FARXIGA**
- **GLYXAMBI**
- **STEGLATRO**
- **SYNJARDY**
- **TRINJARDY**
- **XIGDUO**

PA Criteria	Criteria Details
Covered Uses	
Exclusion Criteria	
Required Medical Information	**Type 2 diabetes mellitus** • Trial and failure of a minimum 30-day supply, or contraindication to one of the following: metformin, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. **Heart Failure** (Farxiga, dapagliflozin, Xigduo XR, Jardiance only) • Diagnosis of heart failure (NYHA class II-IV) with reduced ejection fraction (HFrEF) AND o Trial and Failure or concurrent use of formulary ACEi or ARBs, spironolactone, eplerenone, or Entresto • Diagnosis of heart failure with mildly reduced ejection fraction (HFmrEF), or heart failure with preserved ejection fraction (HFpEF) **Chronic Kidney Disease** (Farxiga, dapagliflozin, Xigduo XR, Jardiance only) • Diagnosis of chronic kidney disease (CKD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial: 12 months. Renewal: 12 months.
Other Criteria	Renewal Criteria: Documentation of continued need.

TESTOSTERONE Topical

Products Affected

- TESTOSTERONE GEL (1%) TRANSDERMAL
- TESTOSTERONE GEL (1%) PUMP
- TESTOSTERONE ETHANATE 200mg/mL

Details

Criteria	Diagnosis of: Gender dysphoria OR aids wasting syndrome OR post-menopausal breast cancer OR hypogonadism AND trial and failure or contraindication to injectable testosterone

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.

Triptan Nasal Spray

Products Affected

- **SUMATRIPTAN NASAL SPRAY**
- **ZOLMITRIPTAN NASAL SPRAY**

Details

Criteria	Patient must have tried and failed a formulary triptan tablet or ODT within the past 365 days.

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.: • a LABA (Long-Acting Beta Agonists) • a LAMA (Long-Acting Muscarinic Antagonist) • an ICS (Inhaled Corticosteroids)