



Samaritan
Health Plans

Step Therapy Criteria

Large Group Commercial Plans

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

Updated on 4/01/2022. 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](https://www.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.
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Dipeptidyl Peptidase 4 (DPP-4) Inhibitor and Biguanide

Products Affected

- ALOGLIPTIN BENZOATE TABLET 12.5 MG ORAL
- ALOGLIPTIN BENZOATE TABLET 25 MG ORAL
- ALOGLIPTIN BENZOATE TABLET 6.25 MG ORAL
- ALOGLIPTIN-METFORMIN HCL TABLET 12.5-1000 MG ORAL
- ALOGLIPTIN-METFORMIN HCL TABLET 12.5-500 MG ORAL
- 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
- 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
- KAZANO TABLET 12.5-1000 MG ORAL
- KAZANO TABLET 12.5-500 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
- NESINA TABLET 12.5 MG ORAL
- NESINA TABLET 25 MG ORAL
- NESINA TABLET 6.25 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.
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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.
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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.
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Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors

Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 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.
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Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors Combos

Products Affected

- Synjardy
- Trijardy
- Xigduo
- Glyxambi

Details

Criteria	Trial and failure or contraindication to any one of the following: metformin or any formulary metformin combination products e.g. glipizide-metformin & glyburide-metformin
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TESTOSTERONE Topical

Products Affected

- TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL
- TESTOSTERONE GEL 25 MG/2.5GM (1%) TRANSDERMAL
- TESTOSTERONE GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL
- TESTOSTERONE GEL 50 MG/5GM (1%) TRANSDERMAL

Details

Criteria	Patients are required to try and fail or have contraindication or intolerance to testosterone enanthate or testosterone cypionate.
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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.
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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)
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