



Samaritan
Health Plans

Step Therapy Criteria

InterCommunity Health Network

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

Updated on 11/01/2024. 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.

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
- 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
- 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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Nasal Steroids

Products Affected

- **BUDESONIDE NASAL 32 MCG/ACTUATION SPRAY**
- **TRIAMCINOLONE ACETONIDE 55 MCG/ACTUATION NASAL SPRAY**

Details

Criteria	Patient must have tried and failed fluticasone nasal 50 mcg/actuation within the past 120 days.
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Sumatriptan Nasal Spray

Products Affected

- SUMATRIPTAN NASAL SPRAY

Details

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

Products Affected

- **SYNTHROID TAB**

Details

Criteria	Patient must have a documented trial and failure of or had an inadequate response to formulary generic levothyroxine (including Levoxyl, Unithroid, Euthyrox, Levo-T)
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Tolterodine

Products Affected

- TOLTERODINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- TOLTERODINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- TOLTERODINE TARTRATE TABLET 1 MG ORAL
- TOLTERODINE TARTRATE TABLET 2 MG ORAL

Details

Criteria	Patient must have tried and failed Oxybutynin within the past 120 days or have clinical documentation stating an intolerance to or a safety concern with the utilization of Oxybutynin therapy.
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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**
- **BREZTRI**

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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VALACYCLOVIR

Products Affected

- VALACYCLOVIR TAB 500MG
- VALACYCLOVIR TAB 1GM

Details

Criteria	Patient must have a documented trial and failure of or had an inadequate response to formulary acyclovir tablets.
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Vitamin K (Phytonadione)

Products Affected

- **Phytonadione 5MG TAB**

Details

Criteria	Patient must have a documentation the request is for management of warfarin-associated bleeding or supratherapeutic INR
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