



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 01/01/2025. 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](https://www.samhealthplans.org). Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

# Clotrimazole Troche

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**Products Affected**

- Clotrimazole Troche

**Details**

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<b>Criteria</b>	Patients are required to try and fail formulary nystatin
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# Dipeptidyl Peptidase 4 (DPP-4) Inhibitor and Biguanide

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## 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

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<b>Criteria</b>	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

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**Products Affected**

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

**Details**

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

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**Products Affected**

- SUMATRIPTAN NASAL SPRAY

**Details**

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

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**Products Affected**

- **SYNTHROID TAB**

**Details**

<b>Criteria</b>	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

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## 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

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<b>Criteria</b>	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)

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**Products Affected**

- **TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS**
- **TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS**

**Details**

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<b>Criteria</b>	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

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## 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

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<b>Criteria</b>	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"><li>• a LABA (Long-Acting Beta Agonists)</li><li>• a LAMA (Long-Acting Muscarinic Antagonist)</li><li>• an ICS (Inhaled Corticosteroids)</li></ul>
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# VALACYCLOVIR

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**Products Affected**

- VALACYCLOVIR TAB 500MG
- VALACYCLOVIR TAB 1GM

**Details**

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<b>Criteria</b>	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)

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**Products Affected**

- **Phytonadione 5MG TAB**

**Details**

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<b>Criteria</b>	Patient must have a documentation the request is for management of warfarin-associated bleeding or suprathapeutic INR
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