



## **2016 Step Therapy (ST) Criteria**

Some drugs require step therapy pre-approval. This means that your doctor must have you first try a different drug to treat your medical condition before we will cover a drug that needs step therapy pre-approval.

Below you will find a table of drugs that require step therapy pre-approval. If you find your drug on this list, talk to your doctor about what other drugs you could try first.

To see if your drug is on the list, refer to the index located at the end of this document for the medication you are looking for or click this [\[SEARCH\]](#) button and enter the name of your drug in the pop-up task pane.

## ANTIDIABETICS

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### Products Affected

#### Step 2:

- Actoplus Met XR 15 mg-1,000 mg tablet,extended release
- Actoplus Met XR 30 mg-1,000 mg tablet,extended release
- Cycloset 0.8 mg tablet

### Details

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Criteria	
	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of Metformin, Metformin ER, Pioglitazone/Metformin, then the member has met the criteria for coverage of Cycloset and/or ACTOPLUS MET XR at the applicable copayment/coinsurance.

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## COREG CR

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### Products Affected

#### Step 2:

- Coreg CR 10 mg capsule, extended release
- Coreg CR 20 mg capsule, extended release
- Coreg CR 40 mg capsule, extended release
- Coreg CR 80 mg capsule, extended release

### Details

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<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of generic Carvedilol, then the member has met the criteria for coverage of Brand Coreg CR at the applicable copayment/coinsurance.
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## ELIDEL

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### Products Affected

**Step 2:**

- Elidel 1 % topical cream

### Details

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<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one topical generic Corticosteroid, then the member has met the criteria for coverage of Elidel at the applicable copayment/coinsurance.
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# IMMUNOMODULATORS

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## Products Affected

### Step 2:

- Actemra 200 mg/10 mL (20 mg/mL) intravenous solution
- Actemra 400 mg/20 mL (20 mg/mL) intravenous solution
- Actemra 80 mg/4 mL (20 mg/mL) intravenous solution
- Cimzia 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit
- Cimzia Powder for Recon 400 mg (200 mg x 2 vials) subcutaneous kit
- Cosentyx 150 mg/mL subcutaneous syringe
- Cosentyx Pen 150 mg/mL subcutaneous
- Orencia (with maltose) 250 mg intravenous solution
- Orencia 125 mg/mL subcutaneous syringe
- Orencia ClickJect 125 mg/mL subcutaneous auto-injector

## Details

<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of Humira, then the member has met the criteria for coverage of Orencia, Actemra, Cimzia, Cosentyx at the applicable copayment/coinsurance.
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## OPHTHALMIC ANTIHISTAMINES

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### Products Affected

#### Step 2:

- Pataday 0.2 % eye drops

### Details

<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of Epinastine solution, Lastacaft solution, then the member has met the criteria for coverage of Pataday solution at the applicable copayment/coinsurance.
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## OVERACTIVE BLADDER

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### Products Affected

#### Step 2:

- Enablex 15 mg tablet,extended release
- Enablex 7.5 mg tablet,extended release
- Gelnique 10 % (100 mg/gram) transdermal gel packet

### Details

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<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one of the following OXYBUTYNIN CHLORIDE, OXYBUTYNIN CHLORIDE ER, TOLTERODINE TARTRATE ER, TOLTERODINE TARTRATE, TROSPIUM CHLORIDE ER, or TROSPIUM CHLORIDE, then the member has met the criteria for coverage of Enablex, Gelnique, at the applicable copayment/coinsurance.
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## TRAVATAN Z

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### Products Affected

#### Step 2:

- Travatan Z 0.004 % eye drops

### Details

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<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of LATANOPROST, LUMIGAN, TRAVOPROST, then the member has met the criteria for coverage of TRAVATAN Z at the applicable copayment/coinsurance.
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## **VOLTAREN GEL**

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### **Products Affected**

**Step 2:**

- Voltaren 1 % topical gel

### **Details**

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<b>Criteria</b>	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one generic oral NSAID, then the member has met the criteria for coverage of Voltaren gel at the applicable copayment/coinsurance.
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ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2017.

This document includes ConnectiCare VIP Medicare Plan's partial formulary as of November 1, 2016. For a complete, updated formulary, please visit our website at [www.connecticare.com/Medicare](http://www.connecticare.com/Medicare) or call the Member Services number below.

For alternative formats or language, please call Member Services toll free at: 1-800-CCI-CARE (1-800-224-2273) between the hours of 8:00 a.m. and 8:00 p.m., seven days a week.

TTY/TDD users should call 1-800-842-9710.

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