



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 7/01/2023. 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.

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## 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

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Criteria	Must try and fail 2 generic second generation antipsychotics.
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# Dipeptidyl Peptidase 4 (DPP-4) Inhibitor and Biguanide

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## 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

<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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# Proton Pump Inhibitors

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## Products Affected

- **DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL**
- **DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL**

## Details

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<b>Criteria</b>	Patient must have tried and failed omeprazole, lansoprazole, or pantoprazole within the past 120 days.
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# Serotonin Modulators

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## 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

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Criteria	Must try and fail 2 generic SSRIs and/or SNRIs.
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# Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors

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## 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

<b>Criteria</b>	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

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**Products Affected**

- Synjardy
- Trijardy
- Xigduo
- Glyxambi

**Details**

<b>Criteria</b>	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

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## Products Affected

- TESTOSTERONE GEL (1%) TRANSDERMAL
- TESTOSTERONE GEL (1%) PUMP

## Details

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<b>Criteria</b>	Diagnosis of: Gender dysphoria OR aids wasting syndrome OR post-menopausal breast cancer OR hypogonadism AND trial and failure or contraindication to injectable testosterone
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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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# Triptan Nasal Spray

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**Products Affected**

- SUMATRIPTAN NASAL SPRAY
- ZOLMITRIPTAN 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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# 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**

## 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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