



Step Therapy Criteria

2017 TEXAS_ERS

Last Updated: 12/01/2016

ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

Products Affected

- Fanapt
- Fanapt Titration Pack
- Vraylar

Details

Criteria	Step 1: One of the following oral, single-ingredient, generic atypical antipsychotics: olanzapine, quetiapine, risperidone, ziprasidone, OR Seroquel XR. Step 2: Fanapt or Vraylar
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LEUKOTRIENE MODIFIER ASTHMA THERAPY - UHCMR

Products Affected

- Zflo
- Zflo Cr

Details

Criteria	Step 1: Generic montelukast. Step 2: Zflo CR or Zflo
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LONG-ACTING BETA AGONIST THERAPY - UHCMR

Products Affected

- Arcapta Neohaler
- Striverdi Respimat

Details

Criteria	Step 1: Serevent. Step 2: Arcapta or Striverdi
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LONG-ACTING INSULIN PEN THERAPY - UHCMR

Products Affected

- Tresiba Flextouch

Details

Criteria	Step 1: Levemir Pen and either Lantus Pen or Toujeo. Step 2: Tresiba
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PROTON PUMP INHIBITOR THERAPY - UHCMR

Products Affected

- Aciphex Sprinkle
- Prevacid Solutab
- Protonix PACK

Details

Criteria	Step 1: Any one of the following: generic lansoprazole, generic rabeprazole, or Nexium Granules. Step 2: Aciphex Spr Cap, Prevacid SoluTab, Protonix Pak.
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SGLT2 DPP4 COMBO THERAPY - UHCMR

Products Affected

- Glyxambi

Details

Criteria	Step 1. One of the following: Invokana, Invokamet, Jardiance, or Synjardy, AND one of the following: Onglyza, Kombiglyze XR, Januvia, Janumet, Janumet XR, Tradjenta, or Jentadueto. Step 2. Glyxambi
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SNRI THERAPY - UHCMR

Products Affected

- Fetzima
- Fetzima Titration Pack

Details

Criteria	Step 1: Generic venlafaxine extended release capsules. Step 2: Fetzima
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TOPICAL IMMUNOMODULATOR THERAPY - UHCMR

Products Affected

- Elidel

Details

Criteria	Step 1: Any two of the following: formulary topical desonide ointment, topical hydrocortisone 2.5% cream or ointment, Formulary, topical aug betamethasone, fluocinonide. Step 2: Elidel
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ULORIC THERAPY - UHCMR

Products Affected

- Uloric

Details

Criteria	Step 1: Oral, generic allopurinol. Step 2: Uloric
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