



2018 AlohaCare Advantage Plus Formulary (HMO SNP) Drugs with Step Therapy Requirements

AlohaCare requires you to first try one drug to treat your medical condition before we will cover another drug for that condition. Below is the list of drugs with step therapy requirements.

ALPHA BLOCKERS

Products Affected

Step 1:

- alfuzosin ER 10 mg tablet, extended release 24 hr
- doxazosin 1 mg tablet
- doxazosin 2 mg tablet
- doxazosin 4 mg tablet
- doxazosin 8 mg tablet
- tamsulosin 0.4 mg capsule
- terazosin 1 mg capsule
- terazosin 10 mg capsule
- terazosin 2 mg capsule
- terazosin 5 mg capsule

Step 2:

- Rapaflo 4 mg capsule
- Rapaflo 8 mg capsule

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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COLCRYS-PST

Products Affected

Step 1:

- Mitigare 0.6 mg capsule

Step 2:

- Colcrys 0.6 mg tablet

Details

Criteria	If the patient has tried one Step 1 product, authorization for a Step 2 product may be given. Exceptions can be made for a step 2 drug (without a trial of a step 1 drug) for the treatment of Familial Mediterranean Fever and for the treatment of gout flares (i.e, prophylaxis of gout flares requires a trial of a step 1 drug).
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DPP-4 INHIBITORS-PST

Products Affected

Step 1:

- Janumet 50 mg-1,000 mg tablet
- Janumet 50 mg-500 mg tablet
- Janumet XR 100 mg-1,000 mg tablet,extended release
- Janumet XR 50 mg-1,000 mg tablet,extended release
- Janumet XR 50 mg-500 mg tablet,extended release
- Januvia 100 mg tablet
- Januvia 25 mg tablet
- Januvia 50 mg tablet
- Kombiglyze XR 2.5 mg-1,000 mg tablet,extended release
- Kombiglyze XR 5 mg-1,000 mg tablet,extended release
- Kombiglyze XR 5 mg-500 mg tablet,extended release
- Onglyza 2.5 mg tablet
- Onglyza 5 mg tablet

Step 2:

- Jentadueto 2.5 mg-1,000 mg tablet
- Jentadueto 2.5 mg-500 mg tablet
- Jentadueto 2.5 mg-850 mg tablet
- Jentadueto XR 2.5 mg-1,000 mg tablet, extended release
- Jentadueto XR 5 mg-1,000 mg tablet, extended release
- Kazano 12.5 mg-1,000 mg tablet
- Kazano 12.5 mg-500 mg tablet
- Nesina 12.5 mg tablet
- Nesina 25 mg tablet
- Nesina 6.25 mg tablet
- Tradjenta 5 mg tablet

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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HIGH RISK MEDICATIONS - SEDATIVE HYPNOTICS

Products Affected

Step 1:

- Rozerem 8 mg tablet

Step 2:

- eszopiclone 1 mg tablet
- eszopiclone 2 mg tablet
- eszopiclone 3 mg tablet
- zaleplon 10 mg capsule
- zaleplon 5 mg capsule
- zolpidem 10 mg tablet
- zolpidem 5 mg tablet
- zolpidem ER 12.5 mg tablet,extended release,multiphase
- zolpidem ER 6.25 mg tablet,extended release,multiphase

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. This step therapy program applies to patients greater than 64 years of age only. Authorization for a step 2 drug may be given in patients aged less than 65 years.
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OPHTHALMIC PROSTAGLANDINS-PST

Products Affected

Step 1:

- bimatoprost 0.03 % eye drops
- latanoprost 0.005 % eye drops
- Lumigan 0.01 % eye drops
- Travatan Z 0.004 % eye drops

Step 2:

- Zioptan (PF) 0.0015 % eye drops in a dropperette

Details

Criteria
If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Authorization for Zioptan may be given if the patient has a known benzalkonium chloride (BAK) sensitivity or a known sensitivity to other ophthalmic preservatives.

ORAL BISPHOSPHONATES

Products Affected

Step 1:

- alendronate 10 mg tablet
- alendronate 35 mg tablet
- alendronate 40 mg tablet
- alendronate 5 mg tablet
- alendronate 70 mg tablet
- alendronate 70 mg/75 mL oral solution
- ibandronate 150 mg tablet
- risedronate 150 mg tablet
- risedronate 30 mg tablet
- risedronate 35 mg tablet
- risedronate 35 mg tablet (12 pack)
- risedronate 35 mg tablet (4 pack)
- risedronate 35 mg tablet, delayed release
- risedronate 5 mg tablet

Step 2:

- Fosamax Plus D 70 mg-2,800 unit tablet
- Fosamax Plus D 70 mg-5,600 unit tablet

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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RAPID-ACTING INSULIN-PST

Products Affected

Step 1:

- Humalog Junior KwikPen (U-100) 100 unit/mL subcutaneous half-unit pen
- Humalog KwikPen (U-100) Insulin 100 unit/mL subcutaneous
- Humalog KwikPen U-200 Insulin 200 unit/mL (3 mL) subcutaneous
- Humalog Mix 50-50 (U-100) Insulin 100 unit/mL subcutaneous suspension
- Humalog Mix 50-50 KwikPen U-100 Insulin 100 unit/mL subcutaneous pen
- Humalog Mix 75-25 (U-100) Insulin 100 unit/mL subcutaneous suspension
- Humalog Mix 75-25 KwikPen U-100 insulin 100 unit/mL subcutaneous pen
- Humalog U-100 Insulin 100 unit/mL subcutaneous cartridge
- Humalog U-100 Insulin 100 unit/mL subcutaneous solution

Step 2:

- Apidra SoloStar U-100 Insulin 100 unit/mL subcutaneous pen
- Apidra U-100 Insulin 100 unit/mL subcutaneous solution
- Novolog Flexpen U-100 Insulin aspart 100 unit/mL subcutaneous
- Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen
- Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution
- Novolog PenFill U-100 Insulin aspart 100 unit/mL subcutaneous cartridge
- Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution

Details

Criteria	
	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

TOPICAL ACTINIC KERATOSIS-PST

Products Affected

Step 1:

- Carac 0.5 % topical cream
- diclofenac 3 % topical gel
- fluorouracil 2 % topical solution
- fluorouracil 5 % topical cream
- fluorouracil 5 % topical solution
- imiquimod 5 % topical cream packet
- Picato 0.015 % topical gel
- Picato 0.05 % topical gel

Step 2:

- fluorouracil 0.5 % topical cream
- Zyclara 2.5 % topical cream pump
- Zyclara 3.75 % topical cream pump

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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ULORIC

Products Affected

Step 1:

- allopurinol 100 mg tablet
- allopurinol 300 mg tablet

Step 2:

- Uloric 40 mg tablet
- Uloric 80 mg tablet

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).
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