



Step Therapy Detail May 2022

GENERAL DISCLAIMER:

Bright Health does not recognize the use of drug samples to meet clinical criteria requirements for prior drug use for drugs covered under the pharmacy benefit or drugs administered in the physician office or other outpatient setting. A physician's statement that samples have been used cannot be used as documentation of prior drug use.

ANTI-PARKINSONS AGENTS

Products Affected

Step 2:

- *pramipexole er 0.375 mg tablet, extended release 24 hr*
- *pramipexole er 0.75 mg tablet, extended release 24 hr*
- *pramipexole er 1.5 mg tablet, extended release 24 hr*
- *pramipexole er 2.25 mg tablet, extended release 24 hr*
- *pramipexole er 3 mg tablet, extended release 24 hr*
- *pramipexole er 3.75 mg tablet, extended release 24 hr*
- *pramipexole er 4.5 mg tablet, extended release 24 hr*

Details

Criteria	Prior use of TWO of the following: pramipexole and ropinirole in the last 90 days.
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ARIPIPRAZOLE

Products Affected

Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

Details

Criteria	Prior use of aripiprazole tablets in the last 90 days
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LONG ACTING OPIOIDS

Products Affected

Step 2:

- BUPRENEX 0.3 MG/ML INJECTION SOLUTION
- *buprenorphine hcl 0.3 mg/ml injection solution*
- *buprenorphine hcl 0.3 mg/ml injection syringe*
- *fentanyl 100 mcg/hr transdermal patch*
- *fentanyl 12 mcg/hr transdermal patch*
- *fentanyl 25 mcg/hr transdermal patch*
- *fentanyl 50 mcg/hr transdermal patch*
- *fentanyl 75 mcg/hr transdermal patch*
- *hydrocodone bitartrate er 10 mg capsule, oral only, extended rel 12 hr*
- *hydrocodone bitartrate er 15 mg capsule, oral only, extended rel 12 hr*
- *hydrocodone bitartrate er 20 mg capsule, oral only, extended rel 12 hr*
- *hydrocodone bitartrate er 30 mg capsule, oral only, extended rel 12 hr*
- *hydrocodone bitartrate er 40 mg capsule, oral only, extended rel 12 hr*
- *hydrocodone bitartrate er 50 mg capsule, oral only, extended rel 12 hr*
- *hydromorphone er 12 mg tablet, extended release 24 hr*
- *hydromorphone er 16 mg tablet, extended release 24 hr*
- *hydromorphone er 32 mg tablet, extended release 24 hr*
- *hydromorphone er 8 mg tablet, extended release 24 hr*
- *methadone 10 mg tablet*
- *methadone 10 mg/5 ml oral solution*
- *methadone 10 mg/ml injection solution*
- *methadone 10 mg/ml oral concentrate*
- *methadone 40 mg soluble tablet*
- *methadone 5 mg tablet*
- *methadone 5 mg/5 ml oral solution*
- *methadone intensol 10 mg/ml oral concentrate*
- *methadose 40 mg soluble tablet*
- *morphine er 100 mg tablet, extended release*
- *morphine er 15 mg tablet, extended release*
- *morphine er 30 mg tablet, extended release*
- *morphine er 60 mg tablet, extended release*
- *tramadol er 100 mg tablet, extended release 24 hr*
- *tramadol er 200 mg tablet, extended release 24 hr*
- *tramadol er 300 mg tablet, extended release 24hr mphase*

Details

Criteria	Requires 30 consecutive days therapy of current short-acting opioid prescription.
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ORAL INHALED CORTICOSTEROIDS

Products Affected

Step 2:

- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
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- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Prior use of TWO of the following: Arnuity and Flovent in the last 365 days.
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SMOKING CESSATION

Products Affected

Step 2:

- NICOTROL 10 MG INHALATION CARTRIDGE
- NICOTROL NS 10 MG/ML NASAL SPRAY

Details

Criteria	Prior use of nicotine transdermal patch in the last 120 days.
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URINARY ANTISPASMODICS

Products Affected

Step 2:

- *tolterodine 1 mg tablet* 24 hr
- *tolterodine 2 mg tablet* • *tolterodine er 4 mg capsule, extended release*
- *tolterodine er 2 mg capsule, extended release* 24 hr

Details

Criteria	Prior use of oxybutynin, oxybutynin-ER or oxybutynin syrup in the last 90 days.
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