

# 2019 STEP THERAPY CRITERIA

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## **Step Therapy Group – GLP-1 Agonists ST**

### **Drug Name(s):**

**BYDUREON**

**BYDUREON BCISE**

**BYDUREON PEN**

**OZEMPIC**

**VICTOZA**

### **Criteria:**

This program applies to new starts only.

Criteria for approval require the following:

1. ONE of the following:

- a. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 90 days OR
- b. Prescriber states the patient is currently using the requested agent OR
- c. Patient's medication history includes use of metformin or an agent containing metformin within the past 90 days OR
- d. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to metformin or an agent containing metformin

Medications subject to step therapy will be covered when the above criteria are met.

Approval authorizations will apply to the requested medication only.

## **Step Therapy Group – Uloric ST**

### **Drug Name(s):**

**febuxostat tablet**

**ULORIC**

### **Criteria:**

Criteria for approval require ONE of the following:

1. Patient's medication history includes evidence of a claim within the past 90 days for generic allopurinol OR
2. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to generic allopurinol

Medication subject to step therapy will be covered when the above criteria are met.