

# STEP THERAPY PROGRAMS

## How do I request an exception to the Ultimate Health Plans' Formulary?

You can ask Ultimate Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Ultimate Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. "Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier."

Generally, Ultimate Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

**Your physician must submit a statement supporting your coverage determination or exception request. In order to help us make a decision more quickly, you should include supporting medical information from your doctor when you submit your exception request.**

### What if I have additional questions?

You can call us at: 1-800-546-5677 (seven days a week, 24 hours a day) if you have any additional questions. If you have a hearing or speech impairment, please call us at TTY 1-866-706-4757.

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: APLENZIN TAB174MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: APLENZIN TAB348MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: APLENZIN TAB522MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: DESVENLAFAX TAB100MG ER**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: DESVENLAFAX TAB50MG ER**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: EMSAM DIS12MG/24H**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

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**MEDICATION SUBJECT TO STEP THERAPY: EMSAM DIS6MG/24HR**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: EMSAM DIS9MG/24HR**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT PAK**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB10MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB12MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB1MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

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**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB2MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB4MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB6MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FANAPT TAB8MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: FETZIMA CAP120MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: FETZIMA CAP20MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: FETZIMA CAP40MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: FETZIMA CAP80MG**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: FETZIMA CAPTITRATIO**

**CRITERIA:** Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

**MEDICATION SUBJECT TO STEP THERAPY: GRANIX INJ300/0.5**

**CRITERIA:** Trial and Failure of Zarxio

**MEDICATION SUBJECT TO STEP THERAPY: GRANIX INJ480/0.8**

**CRITERIA:** Trial and Failure of Zarxio

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET TAB150-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET TAB150-500**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET TAB50-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET TAB50-500MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET XRTAB150-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET XRTAB150-500**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET XRTAB50-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: INVOKAMET XRTAB50-500MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKANA TAB100MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: INVOKANA TAB300MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUMET TAB50-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUMET TAB50-500MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUMET XR TAB100-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: JANUMET XR TAB50-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUMET XR TAB50-500MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUVIA TAB100MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUVIA TAB25MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JANUVIA TAB50MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JARDIANCE TAB10MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination



# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: JARDIANCE TAB25MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JENTADUETO TAB2.5-1000**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JENTADUETO TAB2.5-500**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JENTADUETO TAB2.5-850**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JENTADUETO TABXR**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: JENTADUETO TABXR**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: LIVALO TAB1MG**

**CRITERIA:** Trial of any two generic formulary HMG-CoA reductase inhibitors (statin)

**MEDICATION SUBJECT TO STEP THERAPY: LIVALO TAB2MG**

**CRITERIA:** Trial of any two generic formulary HMG-CoA reductase inhibitors (statin)

**MEDICATION SUBJECT TO STEP THERAPY: LIVALO TAB4MG**

**CRITERIA:** Trial of any two generic formulary HMG-CoA reductase inhibitors (statin)

**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS1MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS2MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS3MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS4MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS6MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

**MEDICATION SUBJECT TO STEP THERAPY: NEUPRO DIS8MG/24HR**

**CRITERIA:** Trial of one generic formulary dopamine agonist agent

**MEDICATION SUBJECT TO STEP THERAPY: RYTARY CAP145MG**

**CRITERIA:** Trial of any generic antiparkinson agent

**MEDICATION SUBJECT TO STEP THERAPY: RYTARY CAP195MG**

**CRITERIA:** Trial of any generic antiparkinson agent

**MEDICATION SUBJECT TO STEP THERAPY: RYTARY CAP245MG**

**CRITERIA:** Trial of any generic antiparkinson agent

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: RYTARY CAP95MG**

**CRITERIA:** Trial of any generic antiparkinson agent

**MEDICATION SUBJECT TO STEP THERAPY: SYNJARDY TAB**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: SYNJARDY TAB12.5-500**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: SYNJARDY TAB5-1000MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: SYNJARDY TAB5-500MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY: TRADJENTA TAB5MG**

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY:** TRULICITY INJ0.75/0.5

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY:** TRULICITY INJ1.5/0.5

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY:** ULORIC TAB40MG

**CRITERIA:** Trial of allopurinol

**MEDICATION SUBJECT TO STEP THERAPY:** ULORIC TAB80MG

**CRITERIA:** Trial of allopurinol

**MEDICATION SUBJECT TO STEP THERAPY:** VICTOZA INJ18MG/3ML

**CRITERIA:** Trial of one generic formulary metformin or metformin combination

**MEDICATION SUBJECT TO STEP THERAPY:** VRAYLAR CAP1.5-3MG

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

# STEP THERAPY PROGRAMS

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**MEDICATION SUBJECT TO STEP THERAPY: VRAYLAR CAP1.5MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: VRAYLAR CAP3MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: VRAYLAR CAP4.5MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: VRAYLAR CAP6MG**

**CRITERIA:** Trial of two generic formulary atypical antipsychotic agents

**MEDICATION SUBJECT TO STEP THERAPY: ZYFLO TAB600MG**

**CRITERIA:** Trial of generic montelukast or generic zafirlukast