



MEDICAL MUTUAL®

**MedMutual Advantage**  
**HMO and PPO Plans**  
2020 Step Therapy Criteria

# DPP-4 INHIBITORS-PST

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## 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

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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# OPHTHALMIC PROSTAGLANDINS-PST

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## 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
- travoprost 0.004 % eye drops

### Step 2:

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

## Details

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<b>Criteria</b>	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.
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# ORAL BISPHOSPHONATES

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## Products Affected

### Step 1:

- alendronate 10 mg tablet
- alendronate 35 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

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<b>Criteria</b>	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

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## 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
- Lyumjev KwikPen U-100 Insulin 100 unit/mL subcutaneous
- Lyumjev KwikPen U-200 Insulin 200 unit/mL (3 mL) subcutaneous
- Lyumjev 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 (3 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

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