



Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

INTERMEDIATE INSULIN

NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN, NOVOLIN N, NOVOLIN N FLEXPEN
STEP 1 drug: Humulin 70/30, Humulin N. STEP 2 drug: Novolin N, Novolin 70/30.
STEP 2 drug is covered at point-of-sale if there is a previous paid claim for a STEP 1 drug under the MVP Medicare Part D prescription benefit within the previous 540 days. If there is no claim for a STEP 1 drug, the use of a STEP 2 drug may be medically necessary if: The member has experienced significant intolerance (e.g. sensitivity, drug allergy, adverse effect) to STEP 1 drug. Coverage Duration: Remainder of contract year.

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RAPID INSULIN

APIDRA, APIDRA SOLOSTAR, INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL, INSULIN ASPART PROTAMINE/, NOVOLOG, NOVOLOG FLEXPEN, NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 PREFILL, NOVOLOG PENFILL

STEP 1 drugs: Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Insulin Lispro, Insulin Lispro Protamine/Insulin Lispro, Lyumjev. STEP 2 drugs: Apidra, Insulin Aspart, Insulin Aspart Mix 70/30, Novolog, Novolog 70/30. STEP 2 drugs covered at point-of-sale if there is a previous paid claim for a STEP 1 drug under the MVP Medicare Part D prescription benefit within the previous 540 days. If there is no claim for a STEP 1 drug, the use of a STEP 2 drug may be medically necessary if: The member has experienced significant intolerance (e.g. sensitivity, drug allergy, adverse effect) to STEP 1 drugs. Coverage Duration: Remainder of contract year.

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SHORT INSULIN

NOVOLIN R, NOVOLIN R FLEXPEN

STEP 1 drugs: Humulin R, Humulin R U-500. STEP 2 drugs: Novolin R. STEP 2 drugs covered at point-of-sale if there is a previous paid claim for a STEP 1 drug under the MVP Medicare Part D prescription benefit within the previous 540 days. If there is no claim for a STEP 1 drug, the use of a STEP 2 drug may be medically necessary if: The member has experienced significant intolerance (e.g. sensitivity, drug allergy, adverse effect) to STEP 1 drugs. Coverage Duration: Remainder of contract year.

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VITAMIN D ANALOGS

RAYALDEE

STEP 1 drug: Paricalcitol. STEP 2 drug: Rayaldee. STEP 2 drug is covered at point-of-sale if there is a previous paid claim for a STEP 1 drug under the MVP Medicare Part D prescription benefit within the previous 365 days. If there is no claim for a STEP 1 drug, the use of a STEP 2 drug may be medically necessary if: The member has experienced significant intolerance (e.g. sensitivity, drug allergy, adverse effect) to STEP 1 drug.
Coverage Duration: Remainder of contract year.