

# Wellcare Health Plans

## 2017 Step Therapy Criteria (No changes made since: 03/2017)

### **EASY CHOICE HEALTH PLAN**

Easy Choice Plus Plan (HMO)

H5087-002

H5087-017

Plans in the following state:

CA

Easy Choice Best Plan (HMO)

H5087-005

Plan in the following state:

CA

Easy Choice Best Plan (HMO)

H5087-016

Plan in the following state:

CA

Formulary File

Submission ID: 17296

*To get updated information about the drugs covered by your plan, please visit our website ([www.easychoicehealthplan.com/](http://www.easychoicehealthplan.com/)) or call Customer Service. Our phone number is available on our Contact Us page.*



# **BENIGN PROSTATIC HYPERPLASIA**

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## **Products Affected**

- Rapaflo Capsule 4 MG Oral
- Rapaflo Capsule 8 MG Oral

## **Details**

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|-----------------|--|
| <b>Criteria</b> | Coverage will be provided if terazosin, alfuzosin, doxazosin, doxazosin extended-release, or tamsulosin has been tried (at least a 30 day supply in the prior 180 days). |
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# BISPHOSPHONATES

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## Products Affected

- Fosamax Plus D Tablet 70-2800 MG-UNIT Oral
- Fosamax Plus D Tablet 70-5600 MG-UNIT Oral

## Details

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| <b>Criteria</b> | Coverage will be provided if alendronate, ibandronate, pamidronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days). |
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# HMG-COA INHIBITORS

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## Products Affected

- Vytorin Tablet 10-10 MG Oral
- Vytorin Tablet 10-20 MG Oral
- Vytorin Tablet 10-40 MG Oral
- Vytorin Tablet 10-80 MG Oral

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | Coverage will be provided if atorvastatin, fluvastatin, fluvastatin extended-release, lovastatin, lovastatin extended-release, pitavastatin, pravastatin, simvastatin, rosuvastatin, or amlodipine/atorvastatin has been tried (at least a 30 day supply in the prior 180 days). |
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# PROSTAGLANDINS

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## Products Affected

- Zioptan Solution 0.0015 % Ophthalmic

## Details

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| <b>Criteria</b> | Coverage will be provided if latanoprost, bimatoprost, or travoprost has been tried (at least a 30 day supply in the prior 180 days). |
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# TRIPTANS

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## Products Affected

- Onzetra Xsail Exhaler Powder 11 MG/NOSEPC Nasal
- Treximet Tablet 10-60 MG Oral
- Treximet Tablet 85-500 MG Oral
- Zembrace SymTouch Solution Auto-injector 3 MG/0.5ML Subcutaneous

## Details

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|                 |   |
|-----------------|---|
| <b>Criteria</b> | Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, sumatriptan injection, zolmitriptan, zolmitriptan ODT, or zolmitriptan nasal spray has been tried (at least a 30 day supply in the prior 180 days). |
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# ULORIC

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## Products Affected

- Uloric Tablet 40 MG Oral
- Uloric Tablet 80 MG Oral

## Details

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| <b>Criteria</b> | Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days) |
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# URINARY ANTISPASMODICS

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## Products Affected

- Gelnique Gel 10 % Transdermal

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | Coverage will be provided if oxybutynin, oxybutynin extended-release, tolterodine, tolterodine extended-release, trospium, trospium extended-release, oxybutynin patch, fesoterodine, or darifenacin extended-release has been tried (at least a 30 day supply in the prior 180 days). |
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