

**ProCare Rx**

**JAI MEDICAL SYSTEMS**



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## Step Therapy Criteria

<b>GENERIC NAME</b>	ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>Recent trial of metformin or sulfonylurea or thiazolidinedione - Cumulative days' supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill.</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	CELECOXIB CAPSULE 50MG, 100MG, 200MG, 400MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>Single trial of at least 7 days of NSAIDs in the past 30 days</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	CHOLINE FENOFIBRATE CAPSULE DR 45MG, 135MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>Recent trial of formulary product generic Fenofibrate - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	DAPAGLIFLOZIN TABLET 5MG, 10MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>60 days in previous 180 days of Metformin, sulfonylurea, pioglitazone, ACE, ARB, ARNI, or Beta Blocker - Cumulative days' supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill.</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	EMPAGLIFLOZIN - JARDIANCE TABLET 10MG, 25MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ 60 days in previous 180 days of Metformin, sulfonylurea, pioglitazone, ACE, ARB, ARNI, or Beta Blocker - Cumulative days' supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill.</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	FENOFIBRIC ACID TABLET 35MG, 105MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product generic Fenofibrate - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	FESOTERODINE FUMARATE ER TABLET 4MG, 8MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product generic Oxybutynin - Cumulative days' supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	SITAGLIPTIN - JANUVIA 25MG, 50MG, 100MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product Alogliptin - Cumulative days' supply for more than sixty (60) days with at least one (1) fill within the last one-hundred and eighty (180) days</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	SOLIFENACIN SUCCINATE TABLET 5MG, 10MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product generic Oxybutynin - Cumulative days' supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	TOLTERODINE TARTRATE TABLET 1MG, 2MG   ER CAPSULE 2MG, 4MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product generic Oxybutynin - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	

<b>GENERIC NAME</b>	TROSPIUM CHLORIDE TABLET 20MG   ER CAPSULE 60MG
<b>Step Therapy Criteria</b>	<ul style="list-style-type: none"> <li>○ Recent trial of formulary product generic Oxybutynin - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill</li> </ul>
<b>Other Criteria</b>	