

2019 Simply Step Therapy Document

Aggrenox

Products Affected

- AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE
- *aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): clopidigrel. Step 2 Drug(s): Aggrenox (aspirin/extended-release dipyridamole). Applies to New Starts Only.
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Aptiom

Products Affected

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, Roweepra, Topiramate, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.
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Bystolic

Products Affected

- BYSTOLIC 10 MG TABLET
- BYSTOLIC 2.5 MG TABLET
- BYSTOLIC 20 MG TABLET
- BYSTOLIC 5 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): any TWO formulary Beta-blocker . Step 2 Drug(s): Bystolic (nebivolol)
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Cycloset

Products Affected

- CYCLOSET 0.8 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)
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Fanapt

Products Affected

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): olanzapine, paliperidone, quetiapine fumarate, risperidone, ziprasidone. Step 2 Drug(s): Fanapt (iloperidone), Fanapt Titration Pack (iloperidone). Applies to New Starts Only.
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Gelnique

Products Affected

- GELNIQUE 10 % (100 MG/GRAM)
TRANSDERMAL GEL PACKET
- GELNIQUE 100 MG/GRAM (10 %)
TRANSDERMAL GEL PUMP
- GELNIQUE 28 MG/0.92 GRAM (3 %)
TRANSDERMAL GEL PUMP

Details

Criteria	If the patient has tried Toviaz OR VESIcare OR Myrbetriq AND one of the following: oxybutynin, oxybutynin solution, oxybutynin ER, darifenacin, tolterodine IR/ER, OR trospium IR/ER. Then Gelnique (oxybutynin) may be authorized.
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KhedeZla - B

Products Affected

- KHEDEZLA 100 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 50 MG TABLET,EXTENDED RELEASE

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Bupropion, Citalopram, Desvenlafaxine ER, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Paroxetine ER, Sertraline, Venlafaxine (immediate or extended-release products). Step 2 Drug(s): KhedeZla. Applies to New Starts Only.
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NP Bisphosphonates - B

Products Affected

- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT 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 5 mg tablet*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Risedronate, Fosamax plus D.
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NP Fast Acting Insulin

Products Affected

- NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION
- NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS
- NOVOLIN N INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP
- NOVOLIN R INNOLET 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humulin N, R, 70 30, R 500 (pen/vial/cartridge). Step 2 Drug(s): Novolin N, R, 70 30 (pen/vial/cartridge). New starts Only.
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NP Rapid Insulin

Products Affected

- 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
- 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

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Humalog. Step 2 Drug(s): Apidra, Novolog. New starts Only.
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PERT Agents - C

Products Affected

- PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE
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- ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE
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- ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Creon. Step 2 Drug(s): Pancrease, Pertzye, and Zenpep. New Starts Only
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Ranexa

Products Affected

- RANEXA 1,000 MG TABLET,EXTENDED RELEASE
- RANEXA 500 MG TABLET,EXTENDED RELEASE
- *ranolazine er 1,000 mg tablet,extended release,12 hr*
- *ranolazine er 500 mg tablet,extended release,12 hr*

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): any formulary Beta-blocker, Calcium-channel blocker, or Long-acting nitrate. Step 2 Drug(s): Ranexa (ranolazine)
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Thioridazine HRM

Products Affected

- *thioridazine 10 mg tablet*
- *thioridazine 100 mg tablet*
- *thioridazine 25 mg tablet*
- *thioridazine 50 mg tablet*

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): aripiprazole, Fanapt (iloperidone), Latuda, Olanzapine, paliperidone, Quetiapine, Risperidone, Ziprasidone. Step 2 Drug(s): Thioridazine. New Starts Only
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Trintellix

Products Affected

- BRINTELLIX 10 MG TABLET
- BRINTELLIX 20 MG TABLET
- BRINTELLIX 5 MG TABLET
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Trintellix. Applies to New Starts Only.
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Uloric

Products Affected

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Uloric . Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.
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Viibryd

Products Affected

- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd, Viibryd Titration Pack. Applies to New Starts Only.
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