

AGGRENOX - B

MEDICATION(S) SUBJECT TO STEP THERAPY

ASPIRIN-DIPYRIDAMOLE ER

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): clopidogrel. Step 2 Drug(s): aspirin/extended-release dipyridamole. Applies to New Starts Only.

APTIOM - D

MEDICATION(S) SUBJECT TO STEP THERAPY

APTIOM

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1

Drug(s): Lamotrigine IR, Levetiracetam IR\XR, Oxcarbazepine IR, Topiramate IR, Zonisamide.

Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.

CYCLOSET

MEDICATION(S) SUBJECT TO STEP THERAPY

CYCLOSET

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1

Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)

DEXILANT

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXILANT, DEXLANSOPRAZOLE

CRITERIA

If the patient has tried ONE Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Dexilant (dexlansoprazole). New Starts

NP BISPHOSPHONATES - B

MEDICATION(S) SUBJECT TO STEP THERAPY

FOSAMAX PLUS D, RISEDRONATE SODIUM

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Risedronate, Fosamax plus D.

NP FAST ACTING INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN, NOVOLIN 70/30 FLEXPEN RELION, NOVOLIN 70/30 RELION, NOVOLIN N, NOVOLIN N FLEXPEN, NOVOLIN N FLEXPEN RELION, NOVOLIN N RELION, NOVOLIN R, NOVOLIN R FLEXPEN, NOVOLIN R FLEXPEN RELION, NOVOLIN R RELION

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. 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.

NP OAB - J

MEDICATION(S) SUBJECT TO STEP THERAPY

GELNIQUE, OXYTROL

CRITERIA

If the patient has tried Toviaz/Myrbetriq and one of the following: darifenacin ER, oxybutynin, oxybutynin solution, oxybutynin ER, tolterodine IR/ER, solifenacin, OR trospium IR/ER. Then Gelnique (oxybutynin), Oxytrol will be covered.

NP RAPID INSULIN

MEDICATION(S) SUBJECT TO STEP THERAPY

APIDRA, APIDRA SOLOSTAR, INSULIN ASP PROT & ASP FLEXPEN, INSULIN ASPART, INSULIN ASPART FLEXPEN, INSULIN ASPART PENFILL, INSULIN ASPART PROT & ASPART, NOVOLOG, NOVOLOG 70/30 FLEXPEN RELION, NOVOLOG FLEXPEN, NOVOLOG FLEXPEN RELION, NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 FLEXPEN, NOVOLOG MIX 70/30 RELION, NOVOLOG PENFILL, NOVOLOG RELION

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Humalog, Insulin Lispro, Humalog Mix, Insulin Lispro/insulin lispro protamine, Lyumjev (insulin lispro-aabc). Step 2 Drug(s): Apidra (Insulin Glulisine), Novolog, Insulin Aspart, Novolog Mix, Insulin Aspart/insulin aspart protamine. New starts Only.

PERT AGENTS - D

MEDICATION(S) SUBJECT TO STEP THERAPY

PANCREAZE, PERTZYE

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Creon or Zenpep. Step 2 Drug(s): Pancreaze, Pertzye. New Starts Only

RYTARY

MEDICATION(S) SUBJECT TO STEP THERAPY

RYTARY

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): carbidopa, carbidopa/levodopa IR/ER. Step 2 Drug(s): Rytary (carbidopa/levodopa).

ULORIC - B

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT

CRITERIA

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

VIIBRYD

MEDICATION(S) SUBJECT TO STEP THERAPY

VIIBRYD, VIIBRYD STARTER PACK, VILAZODONE HCL

CRITERIA

If the patient has tried TWO Step 1 drugs, then authorization for a Step 2 drug will be covered.

Step 1 Drug(s): citalopram, desvenlafaxine ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd (vilazodone), Viibryd Titration Pack(vilazodone). Applies to New Starts Only.