

2024 SIMPLY Step Therapy Criteria

Aggrenox - B

Products Affected

- *aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral*

Details

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.
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Aptiom - D

Products Affected

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

Details

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.
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Cycloset

Products Affected

- CYCLOSET TABLET 0.8 MG ORAL

Details

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)
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DEXILANT

Products Affected

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *dexlansoprazole capsule delayed release 30 mg oral*
- *dexlansoprazole capsule delayed release 60 mg oral*

Details

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
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Edarbi

Products Affected

- EDARBI TABLET 40 MG ORAL
- EDARBI TABLET 80 MG ORAL

Details

Criteria	If the patient has tried a Step 1 drugs, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Candesartan Cilexetil, Irbesartan, Losartan Potassium, Olmesartan Medoxomil, Telmisartan, Valsartan. Step 2 Drug: Edarbi (azilsartan medoxomil). Applies to New Starts
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MTX

Products Affected

- TREXALL TABLET 10 MG ORAL
- TREXALL TABLET 15 MG ORAL
- XATMEP SOLUTION 2.5 MG/ML ORAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): methotrexate sodium. Step 2 Drug(s): Trexall (methotrexate), Xatmep (methotrexate).
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NP Bisphosphonates - B

Products Affected

- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- *risedronate sodium tablet 150 mg oral*
- *risedronate sodium tablet 30 mg oral*
- *risedronate sodium tablet 35 mg oral*
- *risedronate sodium tablet 5 mg oral*
- *risedronate sodium tablet delayed release 35 mg oral*

Details

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.
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NP OAB - J

Products Affected

- GELNIQUE GEL 10 % TRANSDERMAL MG/24HR TRANSDERMAL
- OXYTROL PATCH TWICE WEEKLY 3.9

Details

Criteria	If the patient has tried Gemtesa/Myrbetriq and one of the following: darifenacin ER, oxybutynin, oxybutynin sol/syr, oxybutynin ER, tolterodine IR/ER, solifenacin, OR trospium IR/ER. Then Gelnique (oxybutynin), Oxytrol will be covered.
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NP RAPID INSULIN

Products Affected

- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION

Details

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). New starts Only.
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PERT Agents - D

Products Affected

- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 10500-35500
UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 16800-56800
UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 21000-54700
UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 2600-8800 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 37000-97300
UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 4200-14200
UNIT ORAL
- PERTZYE CAPSULE DELAYED
RELEASE PARTICLES 16000-57500
UNIT ORAL
- PERTZYE CAPSULE DELAYED
RELEASE PARTICLES 24000-86250
UNIT ORAL
- PERTZYE CAPSULE DELAYED
RELEASE PARTICLES 4000-14375
UNIT ORAL
- PERTZYE CAPSULE DELAYED
RELEASE PARTICLES 8000-28750
UNIT ORAL

Details

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, Pertzeye. New Starts Only
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Rytary

Products Affected

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

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).
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ULORIC - B

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

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.
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Viibryd

Products Affected

- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL
- *vilazodone hcl tablet 10 mg oral*
- *vilazodone hcl tablet 20 mg oral*
- *vilazodone hcl tablet 40 mg oral*

Details

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 ER, sertraline, venlafaxine IR/ER. Step 2 Drug(s): Viibryd (vilazodone). Applies to New Starts Only.
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