

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.

ARICEPT 23MG-B

MEDICATION(S) SUBJECT TO STEP THERAPY

DONEPEZIL HCL 23 MG TAB

CRITERIA

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): donepezil, donepezil disintegrating tablet. Step 2 Drug(s): donepezil 23mg. 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

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

EDARBI

MEDICATION(S) SUBJECT TO STEP THERAPY

EDARBI

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

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 - B

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