

2024 MMP TX 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.
-----------------	---

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.
-----------------	---

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)
-----------------	--

H8786_24_3006465_0000_I
1060756TXMENWLP

EFFECTIVE DATE 11/01/2024

MTX

Products Affected

- TREXALL TABLET 10 MG ORAL
- TREXALL TABLET 15 MG ORAL
- TREXALL TABLET 5 MG ORAL
- TREXALL TABLET 7.5 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).
-----------------	---

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).
-----------------	---

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.
-----------------	---

Viibryd - B

Products Affected

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