

2018 3 Tier MMP-Partners
Document: 2018 Step Therapy Criteria
Formulary ID: 18502
Last Updated: 10/2018
Effective Date: 11/01/2018

ALLERGIC CONJUNCTIVITIS AGENTS

Products Affected

Step 2:

- *epinastine 0.05 % eye drops*
- *olopatadine 0.1 % eye drops*

Details

Criteria	Step 1: First line therapy should be azelastine 0.05% ophthalmic drops Step 2: Second line therapy should be generic epinastine ophthalmic drops or olopatadine ophthalmic drops
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ANTICONVULSANT STEP THERAPY

Products Affected

Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- FYCOMPA 0.5 MG/ML ORAL SUSPENSION
- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET
- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION
- VIMPAT 10 MG/ML ORAL SOLUTION
- VIMPAT 100 MG TABLET
- VIMPAT 150 MG TABLET
- VIMPAT 200 MG TABLET
- VIMPAT 50 MG TABLET

Details

Criteria
Step 1: First line therapy should be trial of two of the following: carbamazepine, carbamazepine ER, divalproex sodium, divalproex sodium ER, gabapentin, lamotrigine, lamotrigine ER, levetiracetam, levetiracetam ER, oxcarbazepine, valproic acid, zonisamide, phenytoin, phenytoin ER, felbamate, ethosuxamide, topiramate, primidone, Dilantin, phenobarbital, Gabitril, Phenytek or tiagabine. Step 2: Once two of the medications listed in Step 1 have been tried, patients can receive therapy with Aptiom, Spritam, Fycompa, or Vimpat.

ANTIDEPRESSANT STEP THERAPY

Products Affected

Step 2:

- FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK
- FETZIMA 20 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG
CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG
CAPSULE,EXTENDED RELEASE
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23)
TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria
Step 1: First line therapy should a documented trial of two of the following: citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER or desvenlafaxine. Step 2: Once two of the medications listed in step 1 have been tried, patient can receive therapy with Trintellix, Fetzima or Viibryd.

ANTIPSYCHOTIC STEP THERAPY

Products Affected

Step 2:

- 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
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET

Details

Criteria
Step 1: First line therapy should be with two of the following medications- risperidone, olanzapine, quetiapine, ziprasidone or aripiprazole. Step 2: Once two of the medications listed in step 1 have been tried, patients can receive therapy with Latuda or Fanapt .

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AZOPT STEP THERAPY

Products Affected

Step 2:

- AZOPT 1 % EYE
DROPS,SUSPENSION

Details

Criteria
Step 1: First line therapy should be dorzolamide or dorzolamide/timolol. Step 2: Once dorzolamide or dorzolamide/timolol has been tried, the patient can receive therapy with Azopt.

COMBIVENT STEP THERAPY

Products Affected

Step 2:

- COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION

Details

Criteria
Step 1: First line therapy should be Anoro Ellipta. Step 2: Once Anoro Ellipta has been tried, patients can receive therapy with Combivent Respimat.

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EPIPEN STEP THERAPY

Products Affected

Step 2:

- EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR
- EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR
- EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR
- EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR

Details

Criteria
Step 1: First line therapy should be epinephrine auto-injector. Step 2: Once epinephrine auto-injector has been tried, the patient can receive therapy with Epipen.

HYPOGLYCEMICS STEP THERAPY

Products Affected

Step 2:

- *acarbose 100 mg tablet*
- *acarbose 25 mg tablet*
- *acarbose 50 mg tablet*
- AVANDIA 2 MG TABLET
- AVANDIA 4 MG TABLET
- GLYXAMBI 10 MG-5 MG TABLET
- GLYXAMBI 25 MG-5 MG TABLET
- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET
- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- *nateglinide 120 mg tablet*
- *nateglinide 60 mg tablet*
- *pioglitazone 15 mg tablet*
- *pioglitazone 15 mg-metformin 500 mg tablet*
- *pioglitazone 15 mg-metformin 850 mg tablet*
- *pioglitazone 30 mg tablet*
- *pioglitazone 45 mg tablet*
- *repaglinide 0.5 mg tablet*
- *repaglinide 1 mg tablet*
- *repaglinide 2 mg tablet*
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRAJENTA 5 MG TABLET

Details

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Criteria	Step 1: First line therapy should be a formulary sulfonylurea, metformin, or formulary insulin (if appropriate). Step 2: Once one of these agents has been tried, patients can receive therapy with other formulary hypoglycemics such as Avandia, Acarbose, Januvia, Janumet, Janumet XR, repaglinide, nateglinide, pioglitazone, pioglitazone/metformin, Tradjenta, Jentadueto, Jentadueto XR, Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, Synjardy XR or Glyxambi .
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KRISTALOSE STEP THERAPY

Products Affected

Step 2:

- KRISTALOSE 10 GRAM ORAL PACKET
- KRISTALOSE 20 GRAM ORAL PACKET

Details

Criteria	Step 1: First line therapy should be Constulose, lactulose, and/or polyethylene glycol. Step 2: Once Constulose, lactulose, and/or polyethylene glycol has been tried, the patient can receive therapy with Kristalose Packet.
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NAMENDA XR STEP THERAPY

Products Affected

Step 2:

- *memantine 14 mg capsule sprinkle,extended release 24hr*
- *memantine 21 mg capsule sprinkle,extended release 24hr*
- *memantine 28 mg capsule sprinkle,extended release 24hr*
- *memantine 7 mg capsule sprinkle,extended release 24hr*
- NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK

Details

Criteria	Step 1: First line therapy should be memantine IR tablet. Step 2: Once memantine IR tablet has been tried, patients can receive therapy with Namenda XR or memantine ER
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RANEXA STEP THERAPY

Products Affected

Step 2:

- RANEXA 1,000 MG
TABLET,EXTENDED RELEASE

- RANEXA 500 MG
TABLET,EXTENDED RELEASE

Details

Criteria
Step 1: First line therapy should be with a beta blocker or a calcium channel blocker. Step 2: Once a beta blocker or a calcium channel blocker has been tried, patient may receive therapy with Ranexa

TOPICAL IMMUNOMODULATORS STEP THERAPY

Products Affected

Step 2:

- ELIDEL 1 % TOPICAL CREAM
- *tacrolimus 0.1 % topical ointment*
- *tacrolimus 0.03 % topical ointment*

Details

Criteria	Step 1: First line therapy should be trial of 2 formulary topical corticosteroids. Step 2: Once two of these agents have been tried, patients can receive therapy with Elidel or generic topical Tacrolimus.
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TOPICAL TESTOSTERONE STEP THERAPY

Products Affected

Step 2:

- ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET
- ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET

Details

Criteria
Step 1: Patient must try a formulary generic topical testosterone product. Step 2: Once a formulary generic topical testosterone product has been tried, patients can receive therapy with AndroGel.

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ULORIC STEP THERAPY

Products Affected

Step 2:

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	Step 1: First line therapy should be allopurinol tablet. Step 2: Once allopurinol tablet has been tried, patients can receive therapy with Uloric.
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URINARY INCONTINENCE AGENTS STEP THERAPY

Products Affected

Step 2:

- *darifenacin er 15 mg tablet,extended release 24 hr*
- *darifenacin er 7.5 mg tablet,extended release 24 hr*
- *tolterodine 1 mg tablet*
- *tolterodine 2 mg tablet*
- *tolterodine er 2 mg capsule,extended release 24 hr*
- *tolterodine er 4 mg capsule,extended release 24 hr*

Step 3:

- MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE

Details

Criteria	Step 1: First line therapy should be Oxybutynin or Oxybutynin ER. Step 2: Second line therapy should be Tolterodine, Tolterodine ER or darifenacin ER. Step 3: Once Oxybutynin or Oxybutynin ER AND Tolterodine, Tolterodine ER or darifenacin ER have been tried, patients can receive therapy with Myrbetriq.
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VRAYLAR STEP THERAPY

Products Affected

Step 2:

- VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

Details

Criteria
Step 1: First line therapy should be with two of the following medicationsrisperidone, olanzapine, olanzapine ODT, ziprasidone, quetiapine or aripiprazole. Step 2: Once two of the medications listed in step 1 have been tried, patients can receive therapy with Vraylar

ZAFIRLUKAST STEP THERAPY

Products Affected

Step 2:

- *zafirlukast 10 mg tablet*
- *zafirlukast 20 mg tablet*

Details

Criteria
Step 1: First line therapy should be with montelukast. Step2: Once montelukast has been tried, patient may receive therapy with zafirlukast

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ZIRGAN STEP THERAPY

Products Affected

Step 2:

- ZIRGAN 0.15 % EYE GEL

Details

Criteria	Step 1: First line therapy should be generic trifluridine ophthalmic Step 2: Once generic trifluridine ophthalmic has been tried, patients can receive therapy with Zirgan.
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ZORVOLEX STEP THERAPY

Products Affected

Step 2:

- ZORVOLEX 18 MG CAPSULE
- ZORVOLEX 35 MG CAPSULE

Details

Criteria	Step 1: First line therapy must be trial of 1 formulary non-selective NSAID. Step 2: Once one of these agents have been tried patients can receive therapy with Zorvolex.
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