

2024 GRS PREMIER Step Therapy Criteria

ADLARITY

Products Affected

- ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL
- ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL

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): donepezil, donepezil disintegrating tablet. Step 2 Drug(s): Adlarity (donepezil).
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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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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Albuterol HFA

Products Affected

- *levalbuterol tartrate aerosol 45 mcg/act inhalation*
- PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION
- VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION
- XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION

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): ProAir HFA, ProAir RespiClick, Proventil HFA, albuterol HFA. Step 2 Drug(s): Xopenex HFA (levalbuterol hfa), Ventolin HFA, ProAir Digihaler (albuterol).
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Antara

Products Affected

- ANTARA CAPSULE 90 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): gemfibrozil, fenofibrate, fenofibric acid, fenofibrate micronized. Step 2 Drug(s): Antara (fenofibrate micronized).
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Aptiom

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/XR, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.
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ARICEPT 23MG-A

Products Affected

- ARICEPT TABLET 23 MG ORAL
- *donepezil hcl tablet 23 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): donepezil, donepezil disintegrating tablet. Step 2 Drug(s): Aricept 23mg (donepezil 23mg). New starts Only.
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

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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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

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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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

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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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Glumetza ER

Products Affected

- GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL
- GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 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 ER. Step 2 Drug(s): Brand Glumetza ER
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Innopran XL

Products Affected

- INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 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): acebutolol, atenolol, betaxolol, bisoprolol, metoprolol tartrate, metoprolol succinate ER, nadolol, nebivolol, pindolol, propranolol IR/ER, timolol. Step 2 Drug(s): Innopran XL. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Luzu

Products Affected

- *luliconazole cream 1 % external*
- LUZU CREAM 1 % EXTERNAL

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): Ciclopirox cream/suspension/gel/shampoo, Clotrimazole cream/solution, Ketoconazole foam/cream/shampoo, Ketodan, Klayesta powder, Loprox 0.77 suspension, Nystatin cream/ointment/powder. Step 2 Drug(s): Luzu (luliconazole).
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Meloxicam Line

Products Affected

- *meloxicam capsule 10 mg oral*
- *meloxicam capsule 5 mg oral*

Details

Criteria	If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Celecoxib, Diclofenac Potassium, Diclofenac Sodium IR/ER, Diclofenac-Misoprost, Diflunisal, Etodolac IR/ER, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen Sodium, Naproxen, Oxaprozin, Piroxicam, Sulindac. Step 2 Drug(s): Vivlodex (meloxicam capsule).
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MSB AZOR

Products Affected

- AZOR TABLET 10-20 MG ORAL
- AZOR TABLET 10-40 MG ORAL
- AZOR TABLET 5-20 MG ORAL
- AZOR TABLET 5-40 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): Amlodipine-Olmesartan. Step 2 Drug(s): Brand Azor. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB Benicar Line

Products Affected

- BENICAR HCT TABLET 20-12.5 MG ORAL
- BENICAR HCT TABLET 40-12.5 MG ORAL
- BENICAR HCT TABLET 40-25 MG
- ORAL
- BENICAR TABLET 20 MG ORAL
- BENICAR TABLET 40 MG ORAL
- BENICAR TABLET 5 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): Olmesartan Medoxomil, Olmesartan Medoxomil HCTZ. Step 2 Drug(s): Brand Benicar/Benicar HCT. NEW Starts
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MSB CRESTOR

Products Affected

- CRESTOR TABLET 10 MG ORAL
- CRESTOR TABLET 20 MG ORAL
- CRESTOR TABLET 40 MG ORAL
- CRESTOR TABLET 5 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): Rosuvastatin. Step 2 Drug(s): Brand Crestor. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB LIPITOR

Products Affected

- LIPITOR TABLET 10 MG ORAL
- LIPITOR TABLET 20 MG ORAL
- LIPITOR TABLET 40 MG ORAL
- LIPITOR 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): Atorvastatin. Step 2 Drug(s): Brand Lipitor. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB Lunesta

Products Affected

- LUNESTA TABLET 1 MG ORAL
- LUNESTA TABLET 2 MG ORAL
- LUNESTA TABLET 3 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): eszopiclone. Step 2 Drug(s): Brand Lunesta.
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB Parkinson

Products Affected

- LODOSYN TABLET 25 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL
- MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL
- SINEMET TABLET 10-100 MG ORAL
- SINEMET TABLET 25-100 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, pramipexole IR/ER, ropinirole IR/ER. Step 2 Drug(s): Lodosyn, Mirapex ER, Sinemet.
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MSB Tribenzor

Products Affected

- TRIBENZOR TABLET 20-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-25 MG ORAL
- TRIBENZOR TABLET 40-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-5-25 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): Olmesartan Amlodipine HCTZ. Step 2 Drug(s): Brand Tribenzor. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB Valtrex

Products Affected

- VALTREX TABLET 1 GM ORAL
- VALTREX TABLET 500 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): valacyclovir. Step 2 Drug(s): Valtrex.
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

MSB Wellbutrin XL/SR

Products Affected

- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 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): Bupropion ER/XL/SR. Step 2 Drug(s): Brand Wellbutrin XL/SR. NEW Starts
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

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).
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NAPRELAN ER

Products Affected

- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL
 - NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
 - NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL
- *naproxen sodium er tablet extended release 24 hour 375 mg oral*
 - *naproxen sodium er tablet extended release 24 hour 500 mg oral*
 - *naproxen sodium er tablet extended release 24 hour 750 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): Celecoxib, Diclofenac Potassium, Diclofenac Sodium IR/ER, Diclofenac-Misoprost, Diflunisal, Etodolac IR/ER, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen Sodium (non ER), Naproxen, Oxaprozin, Piroxicam, Sulindac. Step 2 Drug(s): Naprelan ER (naproxen sodium).
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Nasal Steroid - H

Products Affected

- BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL
- OMNARIS SUSPENSION 50 MCG/ACT NASAL
- QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL
- QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL
- XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL
- ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL

Details

Criteria	<p>If the patient has tried TWO step 1 drugs, then authorization for a Step 2 drug will be covered. Step 1 drugs: mometasone furoate nasal spray, fluticasone propionate nasal spray or flunisolide nasal spray. Step 2 drugs: Beconase AQ (beclomethasone dipropionate monohydrate), Omnaris (ciclesonide), Qnasl (beclomethasone dipropionate), Zetonna (ciclesonide), or Xhance (fluticasone) will be covered. For diagnosis Vasomotor Rhinitis, Beconase AQ will be covered after trial of fluticasone propionate. For diagnosis of nasal polyps, Beconase AQ (beclomethasone), Xhance (fluticasone) will be covered after trial of Mometasone furoate nasal spray.</p>
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Nexium

Products Affected

- *esomeprazole magnesium capsule delayed release 20 mg oral*
- *esomeprazole magnesium capsule delayed release 40 mg oral*
- *esomeprazole magnesium packet 10 mg oral*
- *esomeprazole magnesium packet 20 mg oral*
- *esomeprazole magnesium packet 40 mg oral*
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL

Details

Criteria	If the patient has tried TWO 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): Nexium (esomeprazole mag DR). New Starts
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NP Bisphosphonates - G

Products Affected

- ACTONEL TABLET 150 MG ORAL
- ACTONEL TABLET 35 MG ORAL
- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- FOSAMAX TABLET 70 MG 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): Actonel, Boniva tablets, Fosamax plus D, Fosamax 70mg, Risedronate.
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NP Fast Acting Insulin

Products Affected

- NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS
SUSPENSION PEN-INJECTOR (70-30)
100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 FLEXPEN
SUSPENSION PEN-INJECTOR (70-30)
100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 RELION SUSPENSION
(70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 SUSPENSION (70-30)
100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N FLEXPEN RELION
SUSPENSION PEN-INJECTOR 100
UNIT/ML SUBCUTANEOUS
- NOVOLIN N FLEXPEN SUSPENSION
PEN-INJECTOR 100 UNIT/ML
- NOVOLIN N RELION SUSPENSION
100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N SUSPENSION 100
UNIT/ML SUBCUTANEOUS
- NOVOLIN R FLEXPEN RELION
SOLUTION PEN-INJECTOR 100
UNIT/ML INJECTION
- NOVOLIN R FLEXPEN SOLUTION
PEN-INJECTOR 100 UNIT/ML
INJECTION
- NOVOLIN R RELION SOLUTION 100
UNIT/ML INJECTION
- NOVOLIN R 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): Humulin N, R, 70/30, R U-500 (pen/vial). Step 2 Drug(s): Novolin N, R, 70/30 (pen/vial). New starts Only.
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NP LAMA LABA

Products Affected

- BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION

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): ANORO Ellipta (umeclidinium-vilanterol) or Stiolto Respimat (tiotropium/olodaterol) Step 2 Drug(s): Bevespi Aerosphere (glycopyrrolate-formoterol fumarate).
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

NP Long Acting Insulin

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- *insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous*
- *insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous*
- *insulin degludec solution 100 unit/ml subcutaneous*
- *insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous*
- *insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous*
- *insulin glargine solostar solution pen-injector 300 unit/ml subcutaneous*
- *insulin glargine solution 100 unit/ml subcutaneous*
- *insulin glargine-yfgn solution 100 unit/ml subcutaneous*
- *insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous*
- REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

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): Lantus (Insulin Glargine), Levemir (Insulin Detemir), MSB Toujeo, MSB Tresiba. Step 2 Drug(s): Basaglar (Insulin Glargine), Basaglar Tempo (Insulin Glargine), Insulin Degludec, Insulin Glargine Solostar, Insulin Glargine, Insulin Glargine-YFGN, Insulin Glargine U-300, Rezvoglar (insulin Glargine-AGLR). New starts Only.
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NP OAB - G

Products Affected

- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- DETROL TABLET 1 MG ORAL
- DETROL TABLET 2 MG ORAL
- GELNIQUE GEL 10 % TRANSDERMAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL
- VESICARE LS SUSPENSION 5 MG/5ML ORAL
- VESICARE TABLET 10 MG ORAL
- VESICARE TABLET 5 MG ORAL

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 Detrol/Detrol LA, Ditropan XL, Gelnique (oxybutynin), Oxytrol, Vesicare will be covered.
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NP Phosphate Binder - I

Products Affected

- FOSRENOL TABLET CHEWABLE 1000 MG ORAL *1000 mg oral*
- FOSRENOL TABLET CHEWABLE 500 MG ORAL • *lanthanum carbonate tablet chewable*
- FOSRENOL TABLET CHEWABLE 750 MG ORAL *500 mg oral*
- *lanthanum carbonate tablet chewable* • *lanthanum carbonate tablet chewable*
- *lanthanum carbonate tablet chewable* *750 mg oral*
- *lanthanum carbonate tablet chewable* • *sevelamer hcl tablet 400 mg oral*
- *lanthanum carbonate tablet chewable* • *sevelamer hcl tablet 800 mg oral*

Details

Criteria	If the patient has tried calcium acetate AND sevelamer carbonate. Then Fosrenol (lanthanum carbonate), Phoslyra, Renagel (sevelamer hcl) will be covered.
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NP RAPID INSULIN - B

Products Affected

- ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- ADMELOG SOLUTION 100 UNIT/ML INJECTION
- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION
- FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- FIASP SOLUTION 100 UNIT/ML INJECTION
- *insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous*
- *insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin aspart penfill solution cartridge 100 unit/ml subcutaneous*
- *insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous*
- *insulin aspart solution 100 unit/ml injection*
- NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION
- NOVOLOG 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, Humalog Tempo, Insulin Lispro, Humalog Mix, Insulin Lispro/insulin lispro protamine, Lyumjev (insulin lispro-aabc), Lyumjev Tempo (insulin lispro-aabc). Step 2 Drug(s): Admelog, Apidra (Insulin Glulisine), Fiasp (Insulin Aspart), Fiasp PMPCRT (Insulin Aspart), Novolog, Insulin Aspart, Novolog Mix, Insulin Aspart/insulin aspart protamine. New starts Only.
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

NP Topical Steroids

Products Affected

- BRYHALI LOTION 0.01 % EXTERNAL *external*
- *halobetasol propionate foam 0.05 %* • LEXETTE FOAM 0.05 % EXTERNAL

Details

Criteria	If the patient has tried TWO Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): clobetasol sol/cream, Clobex (clobetasol propionate) lotion/spray, Olux (clobetasol propionate) foam, Olux-E/Tovet (clobetasol propionate) foam, Ultravate (halobetasol propionate) lotion. Step 2 Drug(s): Bryhali (halobetasol lotion), LEXETTE (halobetasol foam).
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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, Pertzye. 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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Symproic

Products Affected

- SYMPROIC TABLET 0.2 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): Movantik (naloxegol). Step 2 Drug(s): Symproic (naldemedine).
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Tolak

Products Affected

- TOLAK CREAM 4 % EXTERNAL

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): imiquimod, Carac (fluorouracil), fluorouracil, Zyclara (imiquimod). Step 2 Drug(s): Tolak (fluorouracil).
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

Uloric

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*
- ULORIC TABLET 40 MG ORAL
- ULORIC 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): Uloric (febuxostat). Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.
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Y0114_24_3006029_0000_I_C
1058305MUMENMUB

EFFECTIVE DATE 05/01/2024

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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