

2024 PDP PLUS Step Therapy Criteria

# Aggrenox - B

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**Products Affected**

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

**Details**

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<b>Criteria</b>	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

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## Products Affected

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

## Details

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<b>Criteria</b>	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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# ARICEPT 23MG-B

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## Products Affected

- *donepezil hcl tablet 23 mg oral*

## Details

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<b>Criteria</b>	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.
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# Edarbi

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## Products Affected

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

## Details

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<b>Criteria</b>	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 - B

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## Products Affected

- XATMEP SOLUTION 2.5 MG/ML ORAL

## Details

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<b>Criteria</b>	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): Xatmep (methotrexate).
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# ULORIC - B

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## Products Affected

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

## Details

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<b>Criteria</b>	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 - D

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## Products Affected

- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- *vilazodone hcl tablet 20 mg oral*
- *vilazodone hcl tablet 40 mg oral*
- *vilazodone hcl tablet 10 mg oral*

## Details

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<b>Criteria</b>	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, Viibryd Titration Pack(vilazodone). Applies to New Starts Only.
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