

# 2024 1 Tier Standard - AmeriHealth Caritas VIP Care

## 2024 Step Therapy Criteria

CURRENT AS OF 06/01/2024

### anticonvulsant step therapy

---

#### Products Affected

- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL
- ZONISADE SUSPENSION 100 MG/5ML ORAL

#### Details

---

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of two generic anticonvulsants. Step 2: Once two generic anticonvulsants have been tried, patients can receive therapy with Spritam, Sympazan, Xcopri, Fycompa or Zonisade.
-----------------	---

---

# antidepressant step therapy

---

## Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

## Details

---

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of two generic antidepressants. Step 2: Once two generic antidepressants have been tried, patient can receive therapy with Fetzima.
-----------------	---

---

# brinzolamide step therapy

---

## Products Affected

- *brinzolamide suspension 1 % ophthalmic*

## Details

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of formulary dorzolamide or dorzolamide/timolol. Step 2: Once dorzolamide or dorzolamide/timolol has been tried, the patient can receive therapy with brinzolamide.
-----------------	---

# febuxostat step therapy

---

## Products Affected

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

## Details

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of allopurinol tablet. Step 2: Once allopurinol tablet has been tried, patients can receive therapy with Febuxostat.
-----------------	--

# glp-1 agonists

---

## Products Affected

- MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

## Details

<b>Criteria</b>	Step 1: First line therapy should be a trial of at least one diabetic agent. Step 2: Once a diabetic agent has been tried, patients can receive therapy with Ozempic, Victoza, Trulicity, Rybelsus, or Mounjaro.
-----------------	---

# netarsudil step therapy

---

## Products Affected

- RHOPRESSA SOLUTION 0.02 %  
OPHTHALMIC
- ROCKLATAN SOLUTION 0.02-0.005 %  
OPHTHALMIC

## Details

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of latanoprost or travoprost. Step 2: Once latanoprost or travoprost has been tried, patients can receive therapy with Rhopressa or Rocklatan.
-----------------	--

# ongentys step therapy

---

## Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

## Details

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of entacapone or carbidopa-levodopa-entacapone. Step 2: Once entacapone or carbidopa-levodopa-entacapone has been tried, patients can receive therapy with Ongentys.
-----------------	--

# rivastigmine patch step therapy

---

## Products Affected

- *rivastigmine patch 24 hour 13.3 mg/24hr transdermal*
- *rivastigmine patch 24 hour 9.5 mg/24hr transdermal*
- *rivastigmine patch 24 hour 4.6 mg/24hr transdermal*

## Details

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of rivastigmine capsule. Step 2: Once rivastigmine capsule has been tried, patients can receive therapy with rivastigmine patches.
-----------------	--



# savella step therapy

---

## Products Affected

- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL
- SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL

## Details

---

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of generic duloxetine. Step 2: Once generic duloxetine has been tried, patients can receive therapy with Savella.
-----------------	---

---

# topical immunomodulators step therapy

---

## Products Affected

- *pimecrolimus cream 1 % external*
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

## Details

---

<b>Criteria</b>	Step 1: First line therapy should be a documented trial of two topical corticosteroids. Step 2: Once two topical corticosteroids have been tried, patients can receive therapy with generic pimecrolimus or generic topical tacrolimus.
-----------------	---

---

# urinary incontinence agents step therapy

---

## Products Affected

- *darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral*
- *darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral*
- *fesoterodine fumarate er tablet extended release 24 hour 4 mg oral*
- *fesoterodine fumarate er tablet extended release 24 hour 8 mg oral*
- *trospium chloride er capsule extended release 24 hour 60 mg oral*

## Details

---

Criteria	Step 1: First line therapy should be a documented trial of oxybutynin, oxybutynin ER, trospium, tolterodine, tolterodine ER or solifenacin. Step 2: Once one of the medications listed in Step 1 have been tried, patients can receive therapy with trospium ER, darifenacin ER or fesoterodine ER
----------	--

---

## Index

### B

brinzolamide suspension 1 % ophthalmic... 3

### D

darifenacin hydrobromide er tablet extended  
release 24 hour 15 mg oral..... 11  
darifenacin hydrobromide er tablet extended  
release 24 hour 7.5 mg oral..... 11

### F

febuxostat tablet 40 mg oral..... 4  
febuxostat tablet 80 mg oral..... 4  
fesoterodine fumarate er tablet extended  
release 24 hour 4 mg oral..... 11  
fesoterodine fumarate er tablet extended  
release 24 hour 8 mg oral..... 11  
FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 120 MG ORAL ... 2  
FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 20 MG ORAL ..... 2  
FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 40 MG ORAL ..... 2  
FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 80 MG ORAL ..... 2  
FETZIMA TITRATION CAPSULE ER 24  
HOUR THERAPY PACK 20 & 40 MG  
ORAL..... 2  
FYCOMPA SUSPENSION 0.5 MG/ML  
ORAL..... 1  
FYCOMPA TABLET 10 MG ORAL..... 1  
FYCOMPA TABLET 12 MG ORAL..... 1  
FYCOMPA TABLET 2 MG ORAL..... 1  
FYCOMPA TABLET 4 MG ORAL..... 1  
FYCOMPA TABLET 6 MG ORAL..... 1  
FYCOMPA TABLET 8 MG ORAL..... 1

### M

MOUNJARO SOLUTION PEN-INJECTOR  
10 MG/0.5ML SUBCUTANEOUS ..... 5  
MOUNJARO SOLUTION PEN-INJECTOR  
12.5 MG/0.5ML SUBCUTANEOUS ..... 5  
MOUNJARO SOLUTION PEN-INJECTOR  
15 MG/0.5ML SUBCUTANEOUS ..... 5  
MOUNJARO SOLUTION PEN-INJECTOR  
2.5 MG/0.5ML SUBCUTANEOUS ..... 5  
MOUNJARO SOLUTION PEN-INJECTOR  
5 MG/0.5ML SUBCUTANEOUS ..... 5

MOUNJARO SOLUTION PEN-INJECTOR  
7.5 MG/0.5ML SUBCUTANEOUS ..... 5

### O

ONGENTYS CAPSULE 25 MG ORAL.... 7  
ONGENTYS CAPSULE 50 MG ORAL.... 7  
OZEMPIC (0.25 OR 0.5 MG/DOSE)  
SOLUTION PEN-INJECTOR 2  
MG/1.5ML SUBCUTANEOUS ..... 5  
OZEMPIC (0.25 OR 0.5 MG/DOSE)  
SOLUTION PEN-INJECTOR 2  
MG/3ML SUBCUTANEOUS ..... 5  
OZEMPIC (1 MG/DOSE) SOLUTION  
PEN-INJECTOR 4 MG/3ML  
SUBCUTANEOUS..... 5  
OZEMPIC (2 MG/DOSE) SOLUTION  
PEN-INJECTOR 8 MG/3ML  
SUBCUTANEOUS..... 5

### P

pimecrolimus cream 1 % external..... 10

### R

RHOPRESSA SOLUTION 0.02 %  
OPHTHALMIC ..... 6  
rivastigmine patch 24 hour 13.3 mg/24hr  
transdermal..... 8  
rivastigmine patch 24 hour 4.6 mg/24hr  
transdermal..... 8  
rivastigmine patch 24 hour 9.5 mg/24hr  
transdermal..... 8  
ROCKLATAN SOLUTION 0.02-0.005 %  
OPHTHALMIC ..... 6  
RYBELSUS TABLET 14 MG ORAL ..... 5  
RYBELSUS TABLET 3 MG ORAL ..... 5  
RYBELSUS TABLET 7 MG ORAL ..... 5

### S

SAVELLA TABLET 100 MG ORAL..... 9  
SAVELLA TABLET 12.5 MG ORAL..... 9  
SAVELLA TABLET 25 MG ORAL..... 9  
SAVELLA TABLET 50 MG ORAL..... 9  
SAVELLA TITRATION PACK 12.5 & 25  
& 50 MG ORAL ..... 9  
SPRITAM TABLET DISINTEGRATING  
SOLUBLE 1000 MG ORAL ..... 1  
SPRITAM TABLET DISINTEGRATING  
SOLUBLE 250 MG ORAL ..... 1

SPRITAM TABLET DISINTEGRATING  
     SOLUBLE 500 MG ORAL ..... 1  
 SPRITAM TABLET DISINTEGRATING  
     SOLUBLE 750 MG ORAL ..... 1  
 SYMPAZAN FILM 10 MG ORAL..... 1  
 SYMPAZAN FILM 20 MG ORAL..... 1  
 SYMPAZAN FILM 5 MG ORAL..... 1  
**T**  
 tacrolimus ointment 0.03 % external ..... 10  
 tacrolimus ointment 0.1 % external ..... 10  
 trospium chloride er capsule extended  
     release 24 hour 60 mg oral..... 11  
 TRULICITY SOLUTION PEN-INJECTOR  
     0.75 MG/0.5ML SUBCUTANEOUS ..... 5  
 TRULICITY SOLUTION PEN-INJECTOR  
     1.5 MG/0.5ML SUBCUTANEOUS ..... 5  
 TRULICITY SOLUTION PEN-INJECTOR  
     3 MG/0.5ML SUBCUTANEOUS ..... 5  
 TRULICITY SOLUTION PEN-INJECTOR  
     4.5 MG/0.5ML SUBCUTANEOUS ..... 5  
**V**  
 VICTOZA SOLUTION PEN-INJECTOR  
     18 MG/3ML SUBCUTANEOUS ..... 5

**X**  
 XCOPRI (250 MG DAILY DOSE)  
     TABLET THERAPY PACK 100 & 150  
     MG ORAL ..... 1  
 XCOPRI (350 MG DAILY DOSE)  
     TABLET THERAPY PACK 150 & 200  
     MG ORAL ..... 1  
 XCOPRI TABLET 100 MG ORAL ..... 1  
 XCOPRI TABLET 150 MG ORAL ..... 1  
 XCOPRI TABLET 200 MG ORAL ..... 1  
 XCOPRI TABLET 25 MG ORAL ..... 1  
 XCOPRI TABLET 50 MG ORAL ..... 1  
 XCOPRI TABLET THERAPY PACK 14 X  
     12.5 MG & 14 X 25 MG ORAL..... 1  
 XCOPRI TABLET THERAPY PACK 14 X  
     150 MG & 14 X200 MG ORAL..... 1  
 XCOPRI TABLET THERAPY PACK 14 X  
     50 MG & 14 X100 MG ORAL..... 1  
**Z**  
 ZONISADE SUSPENSION 100 MG/5ML  
     ORAL..... 1