

2025 PDP PLUS 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.
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Y0114_25_3012945_0000_I_C
1074450MUMENMUB

EFFECTIVE DATE 01/01/2025

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 IRXR, Oxcarbazepine IR, Topiramate IR, Zonisamide. Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.
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Y0114_25_3012945_0000_I_C
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EFFECTIVE DATE 01/01/2025

ARICEPT 23MG-B

Products Affected

- *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): donepezil 23mg. New starts Only.
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Y0114_25_3012945_0000_I_C
1074450MUMENMUB

EFFECTIVE DATE 01/01/2025

MTX - B

Products Affected

- JYLAMVO SOLUTION 2 MG/ML 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): oral methotrexate sodium. Step 2 Drug(s): Jylamvo (methotrexate), Xatmep (methotrexate).
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Y0114_25_3012945_0000_I_C
1074450MUMENMUB

EFFECTIVE DATE 01/01/2025

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.
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