

# 2024 First Choice VIP Care Plus

## 2024 Step Therapy Criteria

CURRENT AS OF 04/01/2024

### anticonvulsant step therapy

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#### 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 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

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| Criteria                                                                                                                                                                                                                            |
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| 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. |

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# antidepressant step therapy

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## 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

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|                 |                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# brinzolamide step therapy

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## Products Affected

- *brinzolamide suspension 1 % ophthalmic*

## Details

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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

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## Products Affected

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

## Details

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|                 |                                                                                                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# glp-1 agonists

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## 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

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

# netarsudil step therapy

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## 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

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## Products Affected

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

## Details

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|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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

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## 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

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## 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

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|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# topical immunomodulators step therapy

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## Products Affected

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

## Details

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. |
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# urinary incontinence agents step therapy

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## 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

|                 |                                                                                                                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | 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 |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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### M

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15 MG/0.5ML SUBCUTANEOUS..... 5  
MOUNJARO SOLUTION PEN-INJECTOR  
2.5 MG/0.5ML SUBCUTANEOUS..... 5  
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PEN-INJECTOR 4 MG/3ML  
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SUBCUTANEOUS.....5

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### R

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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  
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 3 MG/0.5ML SUBCUTANEOUS..... 5  
 TRULICITY SOLUTION PEN-INJECTOR  
 4.5 MG/0.5ML SUBCUTANEOUS..... 5

**V**

VICTOZA SOLUTION PEN-INJECTOR  
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**X**

XCOPRI (250 MG DAILY DOSE)  
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 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 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  
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**Z**

ZONISADE SUSPENSION 100 MG/5ML  
 ORAL .....1