



## Step Therapy Criteria

2020

For information on obtaining an updated coverage determination or an exception to a coverage determination please call Freedom Health Member Services at 1-800-401-2740 or, for TTY/TDD users 711. Our hours are October 1 to February 14 from 8:00 am to 8:00 pm 7 days a week and February 15 to September 30 from 8:00 am to 8:00 pm Monday through Friday or visit [www.freedomhealth.com](http://www.freedomhealth.com).

For an indexed list of drugs please go to page 9.

# Aptiom - B

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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 may be given. 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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# Cycloset

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## Products Affected

- CYCLOSET TABLET 0.8 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 may be given. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)
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# Fanapt

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## Products Affected

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL

## Details

<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): olanzapine, paliperidone, quetiapine fumarate, risperidone, ziprasidone. Step 2 Drug(s): Fanapt (iloperidone), Fanapt Titration Pack (iloperidone). Applies to New Starts Only.
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# Nexium Generic - OTC

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## Products Affected

- *esomeprazole magnesium capsule delayed release 40 mg oral*
- *esomeprazole strontium capsule delayed release 49.3 mg oral*

## Details

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<b>Criteria</b>	If the patient has tried TWO Step 1 drug (RX/OTC), then authorization for a Step 2 drug may be given. Step 1 Drugs (RX/OTC): omeprazole, pantoprazole, lansoprazole, or OTC esomeprazole. Step 2 Drug (RX): Esomeprazole. New Starts
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# NP NSA - OTC

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## Products Affected

- CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL
- *desloratadine tablet dispersible 2.5 mg oral*
- *desloratadine tablet dispersible 5 mg oral*

## Details

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<b>Criteria</b>	If the patient has tried TWO Step 1 drug (RX/OTC), then authorization for a Step 2 drug may be given. Step 1 Drugs (RX/OTC): Cetirizine, cetirizine D, fexofenadine, fexofenadine D, levocetirizine, loratadine, loratadine D. Step 2 Drug(s): Clarinex D, desloratadine. For diagnosis of perennial allergic rhinitis, only cetirizine needs to be tried.
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# Ranexa

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## Products Affected

- RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL • *ranolazine er tablet extended release 12 hour 1000 mg oral*
- RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL • *ranolazine er tablet extended release 12 hour 500 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 may be given. Step 1 Drug(s): any formulary Beta-blocker, Calcium-channel blocker, or Long-acting nitrate. Step 2 Drug(s): Ranexa (ranolazine)
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# Uloric

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## Products Affected

- ULORIC TABLET 40 MG ORAL
- ULORIC 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 may be given. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Uloric . Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.
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