

## **AGGRENOX - B**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ASPIRIN-DIPYRIDAMOLE ER

### **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.

## **APTIOM - D**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

APTIOM

### **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 IR\XR, Oxcarbazepine IR, Topiramate IR, Zonisamide.

Step 2 Drug(s): Aptiom (eslicarbazepine). Applies to New Starts Only.

## **CYCLOSET**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CYCLOSET

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): metformin. Step 2 Drug(s): Cycloset (bromocriptine mesylate)

## **RYTARY**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RYTARY

### **CRITERIA**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): carbidopa, carbidopa/levodopa IR/ER. Step 2 Drug(s): Rytary (carbidopa/levodopa).

## **ULORIC - B**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FEBUXOSTAT

### **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.

## **VIIBRYD - B**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

VIIBRYD

### **CRITERIA**

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): Viibryd (vilazodone hcl). Applies to New Starts Only.