

Elixir RxSecure (PDP)
2022 Step Therapy Criteria

ACUTE MIGRAINE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*
- *ergotamine-caffeine tablet 1-100 mg oral*

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of a generic formulary triptan in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a generic formulary triptan, OR (2) history of adverse event with a generic formulary triptan, OR (3) a generic formulary triptan is contraindicated
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GI ANTIINFLAMMATORY

Products Affected

Step 2:

- *budesonide er tablet extended release 24 hour 9 mg oral*

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of generic balsalazide, formulary oral mesalamine, or generic sulfasalazine in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with generic balsalazide, formulary oral mesalamine, or generic sulfasalazine, OR (2) history of adverse event with generic balsalazide, formulary oral mesalamine, or generic sulfasalazine, OR (3) generic balsalazide, formulary oral mesalamine, or generic sulfasalazine is contraindicated
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TOPICAL IMMUNOMODULATOR

Products Affected

Step 2:

- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any of the following step 1 generic formulary topical agents in the past 365 days: alclometasone, betamethasone dipropionate (cream or ointment), augmented betamethasone (cream, ointment, or gel), desonide, fluocinonide (cream, e-cream, ointment, or gel), fluticasone (cream or ointment), halobetasol, hydrocortisone 1% (cream or ointment), hydrocortisone 2.5% (cream or ointment), OR mometasone (cream or ointment). Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a step 1 agent, OR (2) history of adverse event with a step 1 agent, OR (3) a step 1 agent is contraindicated
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URINARY ANTISPASMODIC

Products Affected

Step 2:

- *darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral*
- *darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral*
- *tolterodine tartrate er capsule extended release 24 hour 2 mg oral*
- *tolterodine tartrate er capsule extended release 24 hour 4 mg oral*

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of generic oxybutynin, generic oxybutynin extended release, or generic tolterodine immediate release in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with generic oxybutynin, generic oxybutynin extended release, or generic tolterodine immediate release, OR (2) history of adverse event with generic oxybutynin, generic oxybutynin extended release, or generic tolterodine immediate release, OR (3) generic oxybutynin, generic oxybutynin extended release, or generic tolterodine immediate release is contraindicated
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INDEX

B

budesonide er tablet extended release 24 hour 9
mg oral2

D

darifenacin hydrobromide er tablet extended
release 24 hour 15 mg oral4

darifenacin hydrobromide er tablet extended
release 24 hour 7.5 mg oral4

dihydroergotamine mesylate solution 4 mg/ml
nasal.....1

E

ergotamine-caffeine tablet 1-100 mg oral..... 1

T

tacrolimus ointment 0.03 % external 3

tacrolimus ointment 0.1 % external 3

tolterodine tartrate er capsule extended release
24 hour 2 mg oral..... 4

tolterodine tartrate er capsule extended release
24 hour 4 mg oral..... 4