

## Step Therapy Requirements

Effective 01/01/2025

# adlarity

---

### Products Affected

- ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH
- ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH

### Details

---

|                 |  |
|-----------------|--|
| <b>Criteria</b> | Coverage of Adlarity requires a trial of generic donepezil tablets or donepezil ODT. If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |
|-----------------|--|

---

# arb step

---

## Products Affected

- EDARBI 40 MG TABLET
- EDARBI 80 MG TABLET
- EDARBYCLOR 40 MG-12.5 MG TABLET
- EDARBYCLOR 40 MG-25 MG TABLET

## Details

---

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Coverage of certain branded Angiotensin-Receptor Blockers (ARB) and ARB combos requires a trial of two generic ARB or ARB combinations. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required. |
|-----------------|---|

---

# bempedoic acid step

---

## Products Affected

- NEXLETOL 180 MG TABLET
- NEXLIZET 180 MG-10 MG TABLET

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | Coverage of Nexletol or Nexlizet requires a trial of ONE of the following generic statins: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, or simvastatin. If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |
|-----------------|--|

# penicillamine step

---

## Products Affected

- *penicillamine 250 mg capsule*
- *trientine 250 mg capsule*
- *trientine 500 mg capsule*

## Details

---

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Coverage of penicillamine capsules or trientine capsules requires a trial of penicillamine tablets (generic for Depen). If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required. |
|-----------------|---|

---

# savella step

---

## Products Affected

- SAVELLA 100 MG TABLET
- SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK
- SAVELLA 12.5 MG TABLET
- SAVELLA 25 MG TABLET
- SAVELLA 50 MG TABLET

## Details

---

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Coverage of Savella requires a trial of duloxetine and immediate release pregabalin. If the required drugs appears in the prescription profile in the last 365 days, then additional documentation is not required. |
|-----------------|---|

---



## INDEX OF DRUGS

|   |   |
|---|---|
| ADLARITY 10 MG/24 HOUR WEEKLY<br>TRANSDERMAL PATCH .....              | 1 |
| ADLARITY 5 MG/24 HOUR WEEKLY<br>TRANSDERMAL PATCH .....               | 1 |
| EDARBI 40 MG TABLET .....   | 2 |
| EDARBI 80 MG TABLET .....   | 2 |
| EDARBYCLOR 40 MG-12.5 MG TABLET .....                                 | 2 |
| EDARBYCLOR 40 MG-25 MG TABLET .....                                   | 2 |
| NEXLETOL 180 MG TABLET .....  | 3 |
| NEXLIZET 180 MG-10 MG TABLET .....                                    | 3 |
| <i>penicillamine 250 mg capsule</i> .....                             | 4 |
| SAVELLA 100 MG TABLET .....   | 5 |
| SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42)<br>TABLETS IN A DOSE PACK ..... | 5 |
| SAVELLA 12.5 MG TABLET .....  | 5 |
| SAVELLA 25 MG TABLET .....  | 5 |
| SAVELLA 50 MG TABLET .....  | 5 |
| <i>trientine 250 mg capsule</i> .....                                 | 4 |
| <i>trientine 500 mg capsule</i> .....                                 | 4 |