



Granite Alliance Insurance Company (PDP)

2016

Step Therapy Criteria

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Granite Alliance requires step therapy for certain drugs. This means prior to receiving a drug with a step therapy restriction, a similar drug must be tried first. This document contains a list of the drugs that require step therapy and their covered alternatives. Step therapy criteria is based on current medical and prescribing practices, and the clinical recommendations of the physicians and pharmacists on the Granite Alliance Pharmacy and Therapeutics Committee.

If you have any questions please contact us, Granite Alliance, at 1-855-586-2573 (TTY users call 711), or visit www.mygraniterx.com. We are available 24 hours a day, seven days a week. Our preferred hours are Monday through Friday 7 a.m. to 7 p.m., Mountain Time.

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Granite Alliance Insurance Company is a Medicare-approved Prescription Drug Plan.

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Step Therapy Group	Algorithm	Steps
<p>APTIOM</p>	<p>STEP 1: Patient has a history of filling a 60 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Aptiom.</p>	<p>Step 2: APTIOM 200 MG TABLET, APTIOM 400 MG TABLET, APTIOM 600 MG TABLET, APTIOM 800 MG TABLET</p>

Step Therapy Group	Algorithm	Steps
ATYPICAL ANTIPSYCHOTICS	STEP 1: Patient has a history of filling a 30 day supply of: aripiprazole, risperidone, olanzapine, olanzapine/fluoxetine quetiapine, or ziprasidone within the last 180 days. STEP 2: Once Step one is met the patient may fill Fanapt, Latuda, Invega, Saphris, or Rexulti.	<p>Step 2: FANAPT 1 MG TABLET, FANAPT 10 MG TABLET, FANAPT 12 MG TABLET, FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK, FANAPT 2 MG TABLET, FANAPT 4 MG TABLET, FANAPT 6 MG TABLET, FANAPT 8 MG TABLET, INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE, LATUDA 120 MG TABLET, LATUDA 20 MG TABLET, LATUDA 40 MG TABLET, LATUDA 80 MG TABLET, REXULTI 0.25 MG TABLET, REXULTI 0.5 MG TABLET, REXULTI 1 MG TABLET, REXULTI 2 MG TABLET, REXULTI 3 MG TABLET, REXULTI 4 MG TABLET, SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET, SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET, SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET, VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK, VRAYLAR 1.5 MG CAPSULE, VRAYLAR 3 MG CAPSULE, VRAYLAR 4.5 MG CAPSULE, VRAYLAR 6 MG CAPSULE</p>

Step Therapy Group	Algorithm	Steps
BRIVIACT	<p>STEP 1: Patient has a history of filling a 30 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Briviact.</p>	<p>Step 2: BRIVIACT 10 MG TABLET, BRIVIACT 10 MG/ML ORAL SOLUTION, BRIVIACT 100 MG TABLET, BRIVIACT 25 MG TABLET, BRIVIACT 50 MG TABLET, BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION, BRIVIACT 75 MG TABLET</p>

Step Therapy Group	Algorithm	Steps
CHENODAL	STEP 1: Patient has a history of filling a 30 day supply of: generic ursodial within the past 180 days. STEP 2: Once step one is met the member may fill Chenodal.	Step 2: CHENODAL 250 MG TABLET

Step Therapy Group	Algorithm	Steps
CIMZIA	STEP 1: Patient has a history of filling a 30 day supply of: Humira (adalimumab) or Enbrel (etanercept) within the past 180 days. STEP 2: Once step one is met the patient may fill Cimzia.	Step 2: CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT, CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT

Step Therapy Group	Algorithm	Steps
CORLANOR	<p>Step 1: Patient has a history of filling a 30 day supply of generic carvedilol, metoprolol succinate, or bisoprolol. Step 2: Once Step One has been met the patient may fill Corlanor.</p>	<p>Step 2: CORLANOR 5 MG TABLET, CORLANOR 7.5 MG TABLET</p>

Step Therapy Group	Algorithm	Steps
COSENTYX	STEP 1: Patient has a history of filling a 30 day supply of: Humira (adalimumab) or Enbrel (etanercept) within the past 180 days. STEP 2: Once step one is met the patient may fill Cosentyx.	Step 2: COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE, COSENTYX PEN 150 MG/ML SUBCUTANEOUS

Step Therapy Group	Algorithm	Steps
DALIRESP	STEP 1: Patient has a history of filling a 30 day supply of: 2 agents used in the treatment of COPD (Serevent, Advair, Symbicort, Spiriva, Tudorza, Anoro Ellipta, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Daliresp.	Step 2: DALIRESP 500 MCG TABLET

Step Therapy Group	Algorithm	Steps
ELIDEL	<p>STEP 1: Patient has a history of filling a 30 day supply of: 2 generic topical steroids (clobetasol, betamethasone, mometasone, hydrocortisone, triamcinolone, nystatin/triamcinolone, betamethasone/clotrimazole) within the past 180 days. STEP 2: Once step one is met the patient may fill Elidel.</p>	<p>Step 2: ELIDEL 1 % TOPICAL CREAM</p>

Step Therapy Group	Algorithm	Steps
EMSAM	STEP 1: Patient has a history of filling a 60 day supply of: 2 generic antidepressants (such as citalopram, venlafaxine, bupropion, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Emsam.	Step 2: EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH, EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH, EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH

Step Therapy Group	Algorithm	Steps
FETZIMA	STEP 1: Patient has a history of filling a 60 day supply of: 2 generic antidepressants (such as citalopram, venlafaxine, bupropion, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Fetzima.	Step 2: FETZIMA 120 MG CAPSULE,EXTENDED RELEASE, FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK, FETZIMA 20 MG CAPSULE,EXTENDED RELEASE, FETZIMA 40 MG CAPSULE,EXTENDED RELEASE, FETZIMA 80 MG CAPSULE,EXTENDED RELEASE

Step Therapy Group	Algorithm	Steps
FYCOMPA	STEP 1: Patient has a history of filling a 30 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Fycompa.	Step 2: FYCOMPA 0.5 MG/ML ORAL SUSPENSION, FYCOMPA 10 MG TABLET, FYCOMPA 12 MG TABLET, FYCOMPA 2 MG TABLET, FYCOMPA 4 MG TABLET, FYCOMPA 6 MG TABLET, FYCOMPA 8 MG TABLET

Step Therapy Group	Algorithm	Steps
GILENYA	STEP 1: Patient has a history of filling a 30 day supply of two of the following within the past 180 days: interferon beta-1a (Avonex), peginterferon beta-1a (Plegridy) dimethyl fumarate (Tecfidera) or glatiramer (Copaxone). STEP 2: Once step one is met the patient may fill Gilenya.	<p>Step 1: PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</p> <p>Step 2: GILENYA 0.5 MG CAPSULE</p>

Step Therapy Group	Algorithm	Steps
MULTAQ	STEP 1: Patient has a history of filling a 30 day supply of: generic amiodarone, metoprolol, atenolol, bisoprolol, varapamil or diltiazem within the past 180 days. STEP 2: Once step one is met the patient may fill Multaq.	Step 2: MULTAQ 400 MG TABLET

Step Therapy Group	Algorithm	Steps
NEUPRO	STEP 1: Patient has a history of filling a 30 day supply of: pramipexole or ropinirole within the past 180 days. STEP 2: Once step one is met the patient may fill Neupro.	Step 2: NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH, NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH, NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH, NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH, NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH, NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH

Step Therapy Group	Algorithm	Steps
OTREXUP	STEP 1: Patient has a history of filling a 30 day supply of: generic methotrexate within the past 180 days. STEP 2: Once step one is met the patient may fill Otrexup.	<p>Step 2: OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR, OTREXUP (PF) 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR</p>

Step Therapy Group	Algorithm	Steps
OXYCONTIN	STEP 1: Patient has a history of filling a 30 days supply of : 1 prescription for fentanyl, morphine sulfate ER tablet, morphine sulfate ER capsule, oxymorphone ER or methadone. STEP 2: Once step one is met the patient may fill Oxycontin.	<p>Step 2: OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE, OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE</p>

Step Therapy Group	Algorithm	Steps
POTIGA	STEP 1: Patient has a history of filling a 30 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Potiga.	Step 2: POTIGA 200 MG TABLET, POTIGA 300 MG TABLET, POTIGA 400 MG TABLET, POTIGA 50 MG TABLET

Step Therapy Group	Algorithm	Steps
PRISTIQ	STEP 1: Patient has a history of filling a 60 day supply of: 1 generic antidepressant (such as citalopram, venlafaxine, bupropion, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Pristiq.	Step 2: PRISTIQ 100 MG TABLET,EXTENDED RELEASE, PRISTIQ 25 MG TABLET,EXTENDED RELEASE, PRISTIQ 50 MG TABLET,EXTENDED RELEASE

Step Therapy Group	Algorithm	Steps
RANEXA	<p>STEP 1: Patient has a history of filling a 30 day supply of at least 2 of the following: generic metoprolol, atenolol, diltiazem, verapamil, amlodipine, felodipine or isosorbide within the last 180 days. STEP 2: Once Step one is met the patient may fill Ranexa.</p>	<p>Step 2: RANEXA 1,000 MG TABLET,EXTENDED RELEASE, RANEXA 500 MG TABLET,EXTENDED RELEASE</p>

Step Therapy Group	Algorithm	Steps
SGLT-2 INHIBITORS	STEP 1: Patient has a history of filling a 30 day supply of: 1 generic antidiabetic agent (metformin, glipizide, glimeperide, pioglitazone, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Invokana/Invokamet or Farxiga/Xigduo.	Step 2: FARXIGA 10 MG TABLET, FARXIGA 5 MG TABLET, INVOKAMET 150 MG-1,000 MG TABLET, INVOKAMET 150 MG-500 MG TABLET, INVOKAMET 50 MG-1,000 MG TABLET, INVOKAMET 50 MG-500 MG TABLET, INVOKANA 100 MG TABLET, INVOKANA 300 MG TABLET, XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE, XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE, XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE, XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE

Step Therapy Group	Algorithm	Steps
TEKTURNA	STEP 1: Patient has a history of filling a 30 day supply of: 1 generic ACE inhibitor (such as lisinopril, enalapril, ramipril, etc.) OR Angiotensin Receptor Blocker (such as losartan, irbesartan, etc.) within the last 180 days. STEP 2: Once Step one is met the patient may fill Tekturna or Tekturna HCT.	Step 2: TEKTURNA 150 MG TABLET, TEKTURNA 300 MG TABLET, TEKTURNA HCT 150 MG-12.5 MG TABLET, TEKTURNA HCT 150 MG-25 MG TABLET, TEKTURNA HCT 300 MG-12.5 MG TABLET, TEKTURNA HCT 300 MG-25 MG TABLET

Step Therapy Group	Algorithm	Steps
TRINTELLIX	STEP 1: Patient has a history of filling a 30 day supply of: 2 generic antidepressants (such as citalopram, venlafaxine, bupropion, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Trintellix.	Step 2: TRINTELLIX 10 MG TABLET, TRINTELLIX 20 MG TABLET, TRINTELLIX 5 MG TABLET

Step Therapy Group	Algorithm	Steps
TROKENDI	STEP 1: Patient has a history of filling a 30 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Trokendi.	Step 2: TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE, TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE, TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE, TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE

Step Therapy Group	Algorithm	Steps
ULORIC	STEP 1: Patient has a history of filling a 30 day supply of: allopurinol within the past 180 days. STEP 2: Once step one is met the patient may fill Uloric.	Step 2: ULORIC 40 MG TABLET, ULORIC 80 MG TABLET

Step Therapy Group	Algorithm	Steps
VIIBRYD	STEP 1: Patient has a history of filling a 60 day supply of: trazodone within the past 180 days. STEP 2: Once step one is met the patient may fill Viibryd.	Step 2: VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK, VIIBRYD 10 MG TABLET, VIIBRYD 20 MG TABLET, VIIBRYD 40 MG TABLET

Step Therapy Group	Algorithm	Steps
VIMPAT	<p>STEP 1: Patient has a history of filling a 30 day supply of: 2 generic adjunctive AEDs (lamotrigine, topiramate, oxcarbazepine, levetiracetam, zonisamide, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Vimpat.</p>	<p>Step 2: VIMPAT 10 MG/ML ORAL SOLUTION, VIMPAT 100 MG TABLET, VIMPAT 150 MG TABLET, VIMPAT 200 MG TABLET, VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION, VIMPAT 50 MG TABLET</p>

Step Therapy Group	Algorithm	Steps
XELJANZ	STEP 1: Patient has a history of filling a 30 day supply of: Humira (adalimumab) or Enbrel (etanercept) within the past 180 days. STEP 2: Once step one is met the patient may fill Xeljanz.	Step 2: XELJANZ 5 MG TABLET, XELJANZ XR 11 MG TABLET,EXTENDED RELEASE

Step Therapy Group	Algorithm	Steps
ZONTIVITY	STEP 1: Patient has a history of filling a 1 day supply of generic clopidogrel within the past 180 days. STEP 2: Once step one is met the patient may fill Zontivity.	Step 2: ZONTIVITY 2.08 MG TABLET

Step Therapy Group	Algorithm	Steps
ZYCLARA	STEP 1: Patient has a history of filling a 1 day supply of: 1 generic topical 5-FU, imiquimod, or branded Picato within the past 180 days. STEP 2: Once step one is met the patient may fill Zyclara.	Step 2: ZYCLARA 2.5 % TOPICAL CREAM PUMP, ZYCLARA 3.75 % TOPICAL CREAM PACKET

Drug Index

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HOUR PATCH.....	10	INVEGA SUSTENNA 39 MG/0.25 ML		SUBCUTANEOUS AUTO-INJECTOR.....	16
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PRISTIQ 25 MG TABLET,EXTENDED RELEASE.....	19	ULORIC 80 MG TABLET.....	25		
PRISTIQ 50 MG TABLET,EXTENDED RELEASE.....	19	VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK.....	26		
RANEXA 1,000 MG TABLET,EXTENDED RELEASE.....	20	VIIBRYD 10 MG TABLET.....	26		
RANEXA 500 MG TABLET,EXTENDED RELEASE.....	20	VIIBRYD 20 MG TABLET.....	26		
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