



## **Granite Alliance Insurance Company (PDP)**

**2020**

### **Step Therapy Criteria**

**Last Updated: 11/24/2020**

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](http://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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## **APTIOM**

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

APTIOM

### **CRITERIA**

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.

## ATYPICAL ANTIPSYCHOTICS

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

CAPLYTA, FANAPT, INVEGA SUSTENNA, LATUDA 120 MG TABLET, LATUDA 20 MG TABLET, LATUDA 40 MG TABLET, LATUDA 80 MG TABLET, REXULTI, SAPHRIS, VRAYLAR

### **CRITERIA**

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 Caplyta, Fanapt, Latuda, Invega, Rexulti, Vraylar or Saphris.

## BRIVIACT

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

BRIVIACT 10 MG TABLET, BRIVIACT 10 MG/ML ORAL SOLN, BRIVIACT 100 MG TABLET, BRIVIACT 25 MG TABLET, BRIVIACT 50 MG TABLET, BRIVIACT 75 MG TABLET

### **CRITERIA**

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.

## **CHENODAL**

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

CHENODAL

### **CRITERIA**

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.

## **CIMZIA**

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

CIMZIA

### **CRITERIA**

STEP 1: Patient has a history of filling a 30 day supply of: Humira (adalimumab) and Enbrel (etanercept) within the past 180 days. Etanercept will not be required for active non-radiographic axial spondyloarthritis (nr-axSpA) STEP 2: Once step one is met the patient may fill Cimzia.

## **CORLANOR**

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

CORLANOR

### **CRITERIA**

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.

## COSENTYX

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

COSENTYX (2 SYRINGES), COSENTYX PEN, COSENTYX PEN (2 PENS), COSENTYX SYRINGE

### **CRITERIA**

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.



## **DALIRESP**

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

DALIRESP

### **CRITERIA**

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, Anoro Ellipta, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Daliresp.

## **EMSAM**

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

EMSAM

### **CRITERIA**

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.

## **FETZIMA**

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

FETZIMA

### **CRITERIA**

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.

## **FYCOMPA**

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

FYCOMPA

### **CRITERIA**

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.

## **GLP-1/LA INSULIN COMBO**

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

SOLIQUA 100-33

### **CRITERIA**

STEP 1: Patient has a history of filling a 30 day supply of: a long acting insulin (Lantus, Toujeo, Levemir, Tresiba etc.) Or a GLP-1 (Victoza, Trulicity, etc.) within the past 180 days. STEP 2: Once step one is met the patient may fill Soliqua.

## NEUPRO

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

NEUPRO

### **CRITERIA**

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.

## RELISTOR

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

RELISTOR

### **CRITERIA**

STEP 1: Patient has a history of filling a 30 day supply of: Amitiza and Lactulose within the past 180 days. STEP 2: Once step one is met the patient may fill Relistor.

## TEKTURNA

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

TEKTURNA HCT

### **CRITERIA**

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 HCT.



## TRINTELLIX

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

TRINTELLIX

### **CRITERIA**

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.

## TROKENDI

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

TROKENDI XR

### **CRITERIA**

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.

## ULORIC

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

FEBUXOSTAT

### **CRITERIA**

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 febuxostat.

## **VIIBRYD**

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

VIIBRYD

### **CRITERIA**

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.

## VIMPAT

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

VIMPAT 10 MG/ML SOLUTION, VIMPAT 100 MG TABLET, VIMPAT 150 MG TABLET, VIMPAT 200 MG TABLET, VIMPAT 50 MG TABLET

### **CRITERIA**

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.

## **XELJANZ**

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

XELJANZ 10 MG TABLET, XELJANZ 5 MG TABLET, XELJANZ XR

### **CRITERIA**

STEP 1: Patient has a history of filling a 30 day supply of: Humira (adalimumab) within the past 180 days or has documented needle phobia. STEP 2: Once step one is met the patient may fill Xeljanz.

## **ZONTIVITY**

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

ZONTIVITY

### **CRITERIA**

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.

## ZYCLARA

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

ZYCLARA 2.5% CREAM PUMP

### **CRITERIA**

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.





This criteria was updated on 11/24/2020. For more recent information or other questions, please contact Granite Alliance Insurance Company Member Services, toll-free at 1-855-586-2573 or, for TTY users, 711. 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 or visit [www.mygraniterx.com](http://www.mygraniterx.com).

Granite Alliance Insurance Company is a Medicare-approved Prescription Drug Plan. Enrollment in Granite Alliance depends on contract renewal.



Last updated on  
August 5<sup>th</sup>, 2019

## **Nondiscrimination Notice**

Granite Alliance Insurance Company (PDP) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex/gender.

Granite Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic format and other formats as requested and reasonably available)
- Provides free language services to people whose primary language is not English, Including:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Granite Alliance at 1-855-586-2573.

If you believe that Granite Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or email.

**Mail:** Civil Rights Coordinator,  
Corporate Compliance Department  
Magellan Health  
8621 Robert Fulton Drive  
Columbia, Maryland 21046

**Phone:** 1-800-424-7721  
**Email:** [compliance@magellanhealth.com](mailto:compliance@magellanhealth.com)

If you need help filing a grievance, Granite Alliance's customer service team is available to help you. They can be reached at 1-855-586-2573 (TTY 711). Granite Alliance's customer service team is available 24 hours a day, seven days a week. Preferred hours are Monday through Friday 7 a.m. to 7 p.m., Mountain Time.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-Language Assistance Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-586-2573 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-586-2573 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-586-2573 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-586-2573 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-586-2573 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-586-2573 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-586-2573 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1-855-586-2573 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-586-2573 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-586-2573 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-586-2573 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-586-2573 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-586-2573 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-586-2573 (TTY: 711) まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-586-2573 (TTY: 711) تماس بگیرید.