

Valor Health Plan 2022 Formulary

Step Therapy Criteria

DEXILANT

Products Affected

Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

Details

Criteria	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 day supply of esomeprazole, lansoprazole, omeprazole or pantoprazole in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with esomeprazole, lansoprazole, omeprazole or pantoprazole, OR (2) history of adverse event with esomeprazole, lansoprazole, omeprazole or pantoprazole, OR (3) esomeprazole, lansoprazole, omeprazole or pantoprazole is contraindicated.
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Step Therapy Criteria

DIFICID

Products Affected

Step 2:

- DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL
- DIFICID TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 day supply of vancomycin or Firvanq in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with vancomycin or Firvanq, OR (2) history of adverse event with vancomycin or Firvanq, OR (3) vancomycin or Firvanq is contraindicated.
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Step Therapy Criteria

RYTARY

Products Affected

Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Criteria
Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 day supply of any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone in the past 365 days. Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone OR (2) history of adverse event with any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone, OR (3) any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone is contraindicated.

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Step Therapy Criteria

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