

2025 HEALTHSUN Step Therapy Criteria

# Dexilant - B

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**Products Affected**

- *dexlansoprazole capsule delayed release 30 mg oral*
- *dexlansoprazole capsule delayed release 60 mg oral*

**Details**

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<b>Criteria</b>	If the patient has tried ONE Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): omeprazole, pantoprazole, or lansoprazole. Step 2 Drug(s): Dexlansoprazole. New Starts
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# MTX - B

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## Products Affected

- JYLAMVO SOLUTION 2 MG/ML ORAL
- XATMEP SOLUTION 2.5 MG/ML ORAL

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): oral methotrexate sodium. Step 2 Drug(s): Jylamvo (methotrexate), Xatmep (methotrexate).
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# NP Bisphosphonates - H

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## Products Affected

- *risedronate sodium tablet 150 mg oral*      *pack)*
- *risedronate sodium tablet 30 mg oral*      • *risedronate sodium tablet 35 mg oral (4*
- *risedronate sodium tablet 35 mg oral*      *pack)*
- *risedronate sodium tablet 35 mg oral (12*   • *risedronate sodium tablet 5 mg oral*

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): Alendronate, ibandronate tablets. Step 2 Drug(s): Risedronate.
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# Rytary

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## Products Affected

- 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

<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): carbidopa, carbidopa/levodopa IR/ER. Step 2 Drug(s): Rytary (carbidopa/levodopa).
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# ULORIC - B

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## Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug will be covered. Step 1 Drug(s): allopurinol. Step 2 Drug(s): Febuxostat. Approve without trial of step 1 drug if Patient has contraindication to allopurinol use.
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