



Kaiser Permanente Medicare Advantage HMO

# 2024 Step Therapy Requirements

**PLEASE READ:**

Kaiser Permanente requires you to first try certain drugs to treat your medical condition before covering another drug for that same condition for certain drugs. For example, if Drug A and Drug B both treat your medical condition, Kaiser Permanente may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Kaiser Permanente will then cover Drug B. If you have not tried Drug A, Kaiser Permanente may not cover drug B. The medications in this document have step therapy requirements that must be met for coverage to be considered. Beneficiaries must use network pharmacies to access their prescription drug benefit.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Step Therapy Criteria  
Kaiser Washington  
Effective: 05/01/2024

## GLIMEPIRIDE

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### Products Affected

- Glimepiride

### Details

Criteria	A trial of glipizide
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# GLYBURIDE

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## Products Affected

- Glyburide TABS 1.25MG, 2.5MG, 5MG

## Details

Criteria	A trial of glipizide
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# PREFERRED ANTISPASMODICS

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## Products Affected

- Myrbetriq TB24

## Details

<b>Criteria</b>	A trial of two of the following urinary antispasmodics (oxybutynin, trospium, toterodine, darifenacin ER, and solifenacin). A trial of urinary antispasmodics is not required for pediatric neurogenic detrusor overactivity.
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# TAPENTADOL ER

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## Products Affected

- Nucynta Er TB12 200MG, 250MG

## Details

<b>Criteria</b>	A trial of morphine extended release
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## Index Of Drugs

### **G**

Glimepiride.....	1
Glyburide.....	2

### **M**

Myrbetriq.....	3
----------------	---

### **N**

Nucynta Er .....	4
------------------	---

### **P**

Preferred Antispasmodics .....	3
--------------------------------	---

### **T**

Tapentadol Er .....	4
---------------------	---