



Kaiser Permanente Medicare Prescription Drug Plan (PDP)

2025 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.

Step Therapy Criteria
Kaiser Washington PDP
Effective: 01/01/2025

GLIMEPIRIDE

Products Affected

- Glimepiride TABS 1MG, 2MG, 4MG

Details

Criteria	Pending CMS review.
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GLYBURIDE

Products Affected

- Glyburide TABS 1.25MG, 2.5MG, 5MG

Details

Criteria	Pending CMS review.
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PREFERRED ANTISPASMODICS

Products Affected

- Mirabegron Er
- Myrbetriq TB24

Details

Criteria	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

Products Affected

- Nucynta Er TB12 200MG

Details

Criteria	Pending CMS review.
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