

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

AMITIZA

AMITIZA

1. The member has filled a prescription for PEG or lactulose OR 2. The member has a documented contraindication to or a potential drug interaction with PEG or lactulose OR 3. The member is intolerant to or had a confirmed adverse event with PEG or lactulose OR 4. The member has had an inadequate treatment response to PEG or lactulose.

Step Therapy Group

Drug Names

Step Therapy Criteria

ATYPICAL ANTIPSYCHOTICS

FANAPT, FANAPT TITRATION PACK, INVEGA, LATUDA, SAPHRIS

1. The member has filled a prescription for generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 2. The member has a documented contraindication to or a potential drug interaction with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 3. The member is intolerant to or had a confirmed adverse event with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 4. The member has had an inadequate treatment response to generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa.

Step Therapy Group

Drug Names

Step Therapy Criteria

BPH - ALPHA ADRENERGIC BLOCKER

UROXATRAL

1. The member has filled a prescription for generic doxazosin, terazosin or tamsulosin OR 2. The member has a documented contraindication to or a potential drug interaction with a generic alpha-1 receptor antagonist (doxazosin, terazosin or tamsulosin) OR 3. The member is intolerant to or had a confirmed adverse event with generic doxazosin, terazosin or tamsulosin OR 4. The member has had an inadequate treatment response to generic doxazosin, terazosin or tamsulosin.

Step Therapy Group

Drug Names

Step Therapy Criteria

SINGULAIR

SINGULAIR

1. The member has filled a prescription for a generic intranasal corticosteroid or an inhaled corticosteroid OR 2. The member has a documented contraindication to or a potential drug interaction with a generic intranasal corticosteroid or an inhaled corticosteroid OR 3. The member is intolerant to or had a confirmed adverse event with a generic intranasal corticosteroid or an inhaled corticosteroid OR 4. The member has had an inadequate treatment response to a generic intranasal corticosteroid or an inhaled corticosteroid.

Step Therapy Group

Drug Names

ULORIC

ULORIC

Step Therapy Criteria

1. The member has filled a prescription for generic allopurinol OR 2. The member has a documented contraindication to or a potential drug interaction with generic allopurinol OR 3. The member is intolerant to or had a confirmed adverse event with generic allopurinol OR 4. The member has had an inadequate treatment response to generic allopurinol.

Step Therapy Group

Drug Names

VIIBRYD

VIIBRYD

Step Therapy Criteria

1. The patient is currently receiving Viibryd OR 2. The patient has experienced an inadequate treatment response or intolerance to two of the following: generic fluoxetine, paroxetine, citalopram, sertraline, venlafaxine, bupropion, trazodone or nefazodone OR 3. The patient has a contraindication to two of the following: generic fluoxetine, paroxetine, citalopram, sertraline, venlafaxine, bupropion, trazodone or nefazodone.

Step Therapy Group

Drug Names

ZETIA

ZETIA

Step Therapy Criteria

1. The member has filled a prescription for Crestor 40mg or Lipitor 80mg OR 2. The member has filled prescriptions for two statins OR 3. The member has a documented contraindication to or a potential drug interaction with a statin OR 3. The member is intolerant to or had a confirmed adverse event with a statin OR 4. The member has had an inadequate treatment response to Crestor 40mg or Lipitor 80mg.