



## **Step Therapy Criteria**

<b>Step Therapy Group</b>	AMITIZA
<b>Drug Names</b>	AMITIZA
<b>Step Therapy Criteria</b>	The patient has had at least a 30 day trial of polyethylene glycol 3350 (PEG 3350) or lactulose.
<b>Step Therapy Group</b>	ATYPICAL ANTIPSYCHOTICS
<b>Drug Names</b>	FANAPT, FANAPT TITRATION PACK, INVEGA, LATUDA, SAPHRIS
<b>Step Therapy Criteria</b>	1. The patient is currently taking the prescribed medication with evidence of improvement OR 2. The patient has tried and failed a 30 day trial of generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 2. The patient is intolerant to or had a confirmed adverse reaction with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa.
<b>Step Therapy Group</b>	BPH - ALPHA ADRENERGIC BLOCKER
<b>Drug Names</b>	UROXATRAL
<b>Step Therapy Criteria</b>	1. The patient has had a trial of generic doxazosin, tamsulosin, or terazosin AND the patient has experienced an inadequate treatment response to at least a 15 day trial of generic doxazosin, tamsulosin, or terazosin OR 2. The patient is intolerant to or had an adverse reaction with generic doxazosin, tamsulosin, or terazosin.
<b>Step Therapy Group</b>	ULORIC
<b>Drug Names</b>	ULORIC
<b>Step Therapy Criteria</b>	1. The patient has demonstrated an inadequate treatment response to allopurinol after a trial of at least 30 days OR 2. The patient has had an adverse event or had a documented contraindication to allopurinol that would prohibit a 30 day trial.

A Health Plan with a Medicare Contract

A Coordinated Care Plan with a Medicare Advantage contract and a contract with the state Medicaid program.

**Step Therapy Group**  
**Drug Names**  
**Step Therapy Criteria**

VIIBRYD

VIIBRYD

The patient is currently receiving Viibryd OR has tried two of the following: generic fluoxetine, paroxetine, citalopram, sertraline, venlafaxine, bupropion, trazodone or nefazodone.