

## **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**

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ATYPICAL ANTIPSYCHOTICS

ABILIFY, ABILIFY DISCMELT, 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**

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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**

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INTRANASAL STEROID

NASONEX, RHINOCORT AQUA

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

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

SINGULAIR  
SINGULAIR

1. The member has filled a prescription for a generic intranasal corticosteroid (fluticasone or flunisolide nasal) 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**  
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ULORIC  
ULORIC

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**  
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ZETIA  
ZETIA

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.