

Step Therapy Criteria

Step Therapy Group

AMITIZA

Drug Names

AMITIZA

Step Therapy Criteria

The patient has had at least a 30 day trial of polyethylene glycol 3350 (PEG 3350) or lactulose.

Step Therapy Group

ATYPICAL ANTIPSYCHOTICS

Drug Names

ABILIFY, ABILIFY DISCMELT, FANAPT, FANAPT TITRATION PACK, INVEGA, LATUDA, SAPHRIS

Step Therapy Criteria

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.

Step Therapy Group

BPH - ALPHA ADRENERGIC BLOCKER

Drug Names

UROXATRAL

Step Therapy Criteria

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.

Step Therapy Group

INTRANASAL STEROID

Drug Names

RHINOCORT AQUA

Step Therapy Criteria

1. The patient has had a trial of generic fluticasone or flunisolide nasal AND the patient has had an inadequate treatment response to at least a 15 day trial of generic fluticasone or flunisolide nasal in the last 180 days OR 2. The patient is intolerant to or had an adverse reaction to generic fluticasone or flunisolide nasal.

Step Therapy Group

MIGRAINE

Drug Names

FROVA, RELPAX, ZOMIG, ZOMIG ZMT

Step Therapy Criteria

1. The patient has a documented contraindication to or a potential drug interaction with a generic triptan (e.g., sumatriptan, naratriptan) OR 2. The patient is intolerant to or had a confirmed adverse event with a generic triptan (e.g., sumatriptan, naratriptan) OR 3. The patient has demonstrated an inadequate treatment response after at least a 30 day trial of a generic triptan (e.g., sumatriptan, naratriptan) OR 4. The patient requires use of a specific dosage form (e.g., suspension, solution) that is not available as a generic triptan (e.g., sumatriptan, naratriptan)

Step Therapy Group

SEDATIVE HYPNOTIC

Drug Names

LUNESTA

Step Therapy Criteria

The patient has tried a generic non-benzodiazepine (e.g., zaleplon, zolpidem).

Step Therapy Group
Drug Names
Step Therapy Criteria

ULORIC

ULORIC

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.

Step Therapy Group
Drug Names
Step Therapy Criteria

URINARY ANTISPASMODICS

DETROL, OXYTROL, SANCTURA XR, TOVIAZ

1. The patient has a documented contraindication to or a potential drug interaction with a generic urinary antispasmodic (e.g., oxybutynin, oxybutynin extended release, trospium) OR 2. The patient is intolerant to or had a confirmed adverse event with a generic urinary antispasmodic (e.g., oxybutynin, oxybutynin extended release, trospium) OR 3. The patient has demonstrated an inadequate treatment response after at least a 30 day trial of a generic urinary antispasmodic (e.g., oxybutynin, oxybutynin extended release, trospium).

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.