



Step Therapy Criteria

Step Therapy Group AMITIZA
Drug Names AMITIZA
Step Therapy Criteria Coverage will be provided if polyethylene glycol 3350 (PEG 3350) or lactulose have been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group AROMATASE INHIBITORS
Drug Names EXEMESTANE, LETROZOLE
Step Therapy Criteria Coverage will be provided if anastrozole has been tried (at least a 30-day supply in the prior 365 days).

Step Therapy Group ATYPICAL ANTIPSYCHOTICS
Drug Names FANAPT, FANAPT TITRATION PACK, SAPHRIS
Step Therapy Criteria Coverage will be provided if risperidone (generic only, any dosage form), olanzapine, ziprasidone or quetiapine have been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group DIFICID
Drug Names DIFICID
Step Therapy Criteria Coverage will be provided if Vancocin capsules (vancomycin hydrochloride) has been tried (at least a 7-day supply in the prior 60 days)

Step Therapy Group HEPSERA
Drug Names HEPSERA
Step Therapy Criteria Coverage will be provided if Baraclude or Viread have been tried (at least a 30-day supply in the prior 365 days)

Step Therapy Group INTUNIV
Drug Names INTUNIV
Step Therapy Criteria Coverage will be provided if amphetamine-dextroamphetamine or methylphenidate have been tried (at least a 30-day supply in the prior 365 days).

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STRATTERA
STRATTERA
Coverage will be provided if amphetamine-dextroamphetamine or a methylphenidate (including Metadate ER tablet 20mg) have been tried (at least a 30-day supply in the prior 365 days).

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ULORIC
ULORIC
Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)