

Step Therapy Group	Algorithm	Steps
Atypical Antipsychotic Agents	<p>Any beneficiary newly enrolled into Community Care, Inc. currently receiving aripiprazole, aripiprazole ODT, risperidone, risperidone ODT, olanzapine, olanzapine ODT, quetiapine, asenapine, paliperidone, ziprasidone, lurasidone, brexpiprazole, cariprazine or iloperidone will not be included in the step therapy process of review. Otherwise beneficiary needs to try risperidone, aripiprazole, aripiprazole ODT, olanzapine, olanzapine ODT, olanzapine IM, risperidone ODT, quetiapine, quetiapine XR, paliperidone, ziprasidone, ziprasidone IM, brexpiprazole, cariprazine, asenapine, lurasidone or iloperidone as step one prior to receiving aripiprazole monohydrate IM, aripiprazole lauroxil IM, risperidone IM, paliperidone IM, olanzapine pamoate monohydrate IM or aripiprazole lauroxil as step two. Beneficiary must try one step one medication before receiving a step two medication</p>	<p><b>Step 2:</b> ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE, ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE, ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE, ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE, ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE, ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE, ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE, ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE, ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE, INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE, INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE, INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE, INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE, INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE, INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE, PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT, PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT, RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE, RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE, RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE, RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE, ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION</p>

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Urinary Antispasmodics	Beneficiary must try darifenacin, oxybutynin, tolterodine or trospium as step one prior to receiving mirabegron or the oxybutynin patch as step two.	<b>Step 2:</b> MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE, MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE, OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH
COMT Inhibitors	Beneficiary must try entacapone tablets as step one prior to receiving opicapone capsules as step two.	<b>Step 2:</b> ONGENTYS CAPSULE

Xanthine Oxidase Inhibitors	Beneficiary must try allopurinol as step one prior to receiving febuxostat as step two.	<b>Step 2:</b> <i>febuxostat 40 mg tablet, febuxostat 80 mg tablet</i>
P2Y12 Inhibitors	Beneficiary must try clopidogrel as step one prior to receiving ticagrelor as step two.	<b>Step 2:</b> BRILINTA 60 MG TABLET, BRILINTA 90 MG TABLET