

ATYPICAL ANTIPSYCHOTIC AGENTS

MEDICATION(S) SUBJECT TO STEP THERAPY

ABILIFY MAINTENA, ARISTADA, INVEGA SUSTENNA, INVEGA TRINZA, LATUDA, REXULTI, RISPERDAL CONSTA, SAPHRIS, VRAYLAR, ZYPREXA RELPREVV

CRITERIA

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 or iloperidone as step one prior to receiving aripiprazole monohydrate IM, aripiprazole lauroxil IM, risperidone IM, paliperidone IM, olanzapine pamoate monohydrate IM, lurasidone, brexpiprazole, cariprazine or asenapine as step two. Beneficiary must try one step one medication before receiving a step two medication

OPIOID ANALGESICS

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OXYCODONE HCL ER

CRITERIA

Beneficiary must try morphine IR oxycodone IR or morphine SR as step one prior to receiving oxycodone SR as step two.

PERIPHERAL ARTERIAL DISEASE AGENTS

MEDICATION(S) SUBJECT TO STEP THERAPY

PENTOXIFYLLINE ER 400 MG TAB

CRITERIA

Beneficiary must try cilostazol as step one before receiving pentoxifylline as step two.

URINARY ANTISPASMODICS

MEDICATION(S) SUBJECT TO STEP THERAPY

MYRBETRIQ, OXYTROL, VESICARE

CRITERIA

Beneficiary must try darifenacin, oxybutynin, tolterodine or trospium as step one prior to receiving solifenacin, mirabegron or the oxybutynin patch as step two.

XANTHINE OXIDASE INHIBITORS

MEDICATION(S) SUBJECT TO STEP THERAPY

ULORIC

CRITERIA

Beneficiary must try allopurinol as step one prior to receiving febuxostat as step two.

