

2019 Medicare Part D
Step Therapy Requirements

Effective: December 1, 2019

Formulary ID 19060, Version 22
Last Updated: 11/19/2019

RYTARY

MEDICATION(S) SUBJECT TO STEP THERAPY

RYTARY

CRITERIA

PRIOR USE OF CARBIDOPA-LEVODOPA IMMEDIATE RELEASE OR EXTENDED RELEASE WITHIN THE PREVIOUS 12 MONTHS.

ULORIC

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT, ULORIC

CRITERIA

PRIOR USE OF ALLOPURINOL WITHIN THE PREVIOUS 12 MONTHS.

ZOLPIDEM CR

MEDICATION(S) SUBJECT TO STEP THERAPY

ZOLPIDEM TARTRATE ER

CRITERIA

PRIOR USE OF GENERIC ZOLPIDEM REGULAR RELEASE WITHIN THE PREVIOUS 12 MONTHS.