



**HealthPartners**  
**UnityPoint Health**

# **2023 Medicare Part D Step Therapy Requirements**

**Effective: December 1<sup>st</sup>, 2023**

## **METOCLOPRAMIDE ODT**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

METOCLOPRAMIDE HCL ODT

### **CRITERIA**

PRIOR USE OF METOCLOPRAMIDE TABLETS OR SOLUTION WITHIN THE PREVIOUS 12 MONTHS.

## **MUPIROCIN**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

MUPIROCIN 2% CREAM

### **CRITERIA**

PRIOR USE OF MUPIROCIN OINTMENT WITHIN THE PREVIOUS 12 MONTHS.

## **RYTARY**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RYTARY

### **CRITERIA**

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

## TAZAROTENE

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TAZAROTENE 0.05% GEL, TAZAROTENE 0.1% GEL, TAZORAC 0.05% CREAM

### **CRITERIA**

PRIOR USE OF TAZAROTENE 0.1% CREAM WITHIN THE PREVIOUS 12 MONTHS.