



# **2020 Medicare Part D Step Therapy Requirements**

**Effective: January 01, 2020**

## **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.

## **ULORIC**

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

FEBUXOSTAT, ULORIC

### **CRITERIA**

PRIOR USE OF ALLOPURINOL WITHIN THE PREVIOUS 12 MONTHS.

## ZOLPIDEM CR

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

ZOLPIDEM TARTRATE ER

### **CRITERIA**

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