



# **2019 Medicare Part D Step Therapy Requirements**

**Effective: February 1, 2019**

# **RYTARY**

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## **Products Affected**

- **RYTARY 23.75 MG-95 MG  
CAPSULE,EXTENDED RELEASE**
- **RYTARY 36.25 MG-145 MG  
CAPSULE,EXTENDED RELEASE**
- **RYTARY 48.75 MG-195 MG  
CAPSULE,EXTENDED RELEASE**
- **RYTARY 61.25 MG-245 MG  
CAPSULE,EXTENDED RELEASE**

## **Details**

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR USE OF CARBIDOPA-LEVODOPA IMMEDIATE RELEASE OR EXTENDED RELEASE WITHIN THE PREVIOUS 12 MONTHS. |
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# ULORIC

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## Products Affected

• **ULORIC 40 MG TABLET**

• **ULORIC 80 MG TABLET**

## Details

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| <b>Criteria</b> | PRIOR USE OF ALLOPURINOL WITHIN THE PREVIOUS 12 MONTHS. |
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# ZOLPIDEM CR

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## Products Affected

- *zolpidem er 12.5 mg tablet, extended release, multiphase*
- *zolpidem er 6.25 mg tablet, extended release, multiphase*

## Details

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| <b>Criteria</b> | PRIOR USE OF GENERIC ZOLPIDEM REGULAR RELEASE WITHIN THE PREVIOUS 12 MONTHS. |
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