



2019 Medicare Part D Step Therapy Requirements

Effective: January 01, 2019

List of Drugs by Drug Type

ULORIC

Products Affected

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

| | |
|-----------------|---|
| Criteria | PRIOR USE OF ALLOPURINOL WITHIN THE PREVIOUS 12 MONTHS. |
|-----------------|---|

ZOLPIDEM CR

Products Affected

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

Details

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

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ULORIC 80 MG TABLET 1
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release, multiphase* 2
*zolpidem er 6.25 mg tablet, extended
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