



CDPHP® Medicare Advantage Part D Formulary Step Therapy Drug List

| Target Drug | Prerequisite Drug(s) | Required Days | Look-Back Period |
|-------------|---|--|------------------|
| Fetzima | At least two (2) of the following have been tried: <ul style="list-style-type: none">• desvenlafaxine• duloxetine• venlafaxine• venlafaxine er | 30 days of EACH prerequisite drug OR 30 days of targeted drug | 180 days |
| Rexulti | aripiprazole, aripiprazole ODT, aripiprazole oral solution | 30 days of prerequisite drug OR 30 days of targeted drug | 180 days |
| febuxostat | Allopurinol | 30 days of prerequisite drug OR 30 days of targeted drug | 180 days |
| Vryalar | aripiprazole, aripiprazole ODT, olanzapine, olanzapine ODT, quetiapine, quetiapine ER, risperidone, risperidone ODT or ziprasidone | 30 days of prerequisite drug OR 30 days of targeted drug | 180 days |