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## ACE-I/ARB

### Affected Drugs

AZOR®  
*benazepril*  
*benazepril/amlodipine besylate*  
*benazepril/hctz*  
*captopril*  
*captopril/hctz*  
DIOVAN HCT®  
DIOVAN®  
*enalapril*  
*enalapril maleate/hctz*  
EXFORGE HCT®  
EXFORGE®  
*fosinopril*  
*fosinopril/hctz*  
*lisinopril*  
*lisinopril/hctz*  
*losartan*  
*losartan /hctz*  
MICARDIS HCT®  
MICARDIS®  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
*trandolapril*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril Maleate-hctz, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hctz, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Trandolapril. Step 2 Drug(s): Azor, Diovan, Diovan Hct, Exforge, Exforge Hct, Losartan potassium, Losartan-hydrochlorothiazide, Micardis, Micardis Hct. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130

days. On-line Pharmacy Message: "Use generic ACE inhibitor product first". Override allowed: Yes. Override NCPCP number: 75.

## ALZHEIMER'S DRUGS

### Affected Drugs

ARICEPT ODT®

ARICEPT®

EXELON®

*galantamine*

RAZADYNE®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Galantamine Hbr. Step 2 Drug(s): Aricept, Aricept Odt, Exelon, Razadyne. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

## ANTIDEPRESSANTS- SSRI/SNRI

### Affected Drugs

*citalopram*  
CYMBALTA®  
*fluoxetine*  
*fluvoxamine*  
*paroxetine*  
PRISTIQ®  
SAVELLA®  
*sertraline*  
*venlafaxine*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Sertraline Hcl, Venlafaxine Hcl. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. Grandfathering includes all SSRI [Selective Serotonin Reuptake Inhibitor]/SNRI [Selective Norepineprine Reuptake Inhibitor] products as well as second-line drugs listed above. On-line Pharmacy Message: "Use generic SSRI [Selective Serotonin Reuptake Inhibitor]/SNRI [Selective Norepineprine Reuptake Inhibitor] first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

## **BISPHOSPHONATES ORAL**

### **Affected Drugs**

*alendronate*

BONIVA®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate Sodium. Step 2 Drug(s): Boniva. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic alendronate first". Override allowed: Yes. Override NCPCP number: 75.

## CCB - DIHYDROPYRIDINES

### Affected Drugs

*amlodipine*  
*benazepril/amlodipine besylate*  
*felodipine*  
*isradipine*  
*nicardipine*  
*nifedipine*  
*nimodipine*  
*nisoldipine*  
SULAR®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Afeditab Cr, Amlodipine Besylate, Amlodipine Besylate-benazepril, Felodipine Er, Isradipine, Nicardipine Hcl, Nifediac Cc, Nifedical XI, Nifedipine, Nifedipine Er, Nimodipine, Nisoldipine. Step 2 Drug(s): Sular. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPCP number: 75.

## COX-2

### Affected Drugs

CELEBREX®  
*diclofenac potassium*  
*diclofenac sodium*  
*etodolac*  
*fenoprofen*  
*flurbiprofen*  
*ibuprofen*  
*indomethacin*  
*ketoprofen*  
*ketorolac*  
*meclofenamate*  
*meloxicam*  
*nabumetone*  
*naproxen*  
*naproxen sodium*  
*oxaprozin*  
*piroxicam*  
*sulindac*  
*tolmetin*

### Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Diclofenac Potassium, Diclofenac Sodium, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Celebrex. This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 130 days. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use 2 generic NSAIDs [Non-steroidal anti-inflammatory drugs] first". Override allowed: Yes. Override NCPDP number: 75.

## **FENOFIBRATE**

### **Affected Drugs**

*fenofibrate*  
LIPOFEN®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fenofibrate. Step 2 Drug(s): Lipofen. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic fenofibrate first". Override allowed: Yes. Override NCPDP number: 75.

## **HMG RULE 1**

### **Affected Drugs**

CRESTOR®

*lovastatin*

*pravastatin*

*simvastatin*

VYTORIN®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor, Vytorin. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic HMG first". Override allowed: Yes. Override NCPCP number: 75.

## **LYRICA**

### **Affected Drugs**

*gabapentin*

LYRICA®

NEURONTIN®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Gabapentin, Neurontin. Step 2 Drug(s): Lyrica. Participant must have 60 days of gabapentin therapy in claims history. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use gabapentin first". Override allowed: Yes. Override NCPDP number: 75. Members with a history of the following drugs within the 130 day look back period are excluded from step therapy for Lyrica. Seizure Medications - Diazepam, Felbamate, Ethotoin, Phenytoin, Succinimides, Primidone, Phenobarbital, or Diabetic Medications - Antidiabetic Meds. This step therapy program applies to new utilizers only.

## OPHTHALMIC BETA BLOCKERS

### Affected Drugs

*betaxolol*

*carteolol*

COMBIGAN®

*dorzolamide/timolol*

*levobunolol*

*metipranolol*

*timolol*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Betaxolol Hcl, Carteolol Hcl, Dorzolamide-timolol, Levobunolol Hcl, Metipranolol, Timolol Maleate. Step 2 Drug(s): Combigan. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic oph beta blocker 1st". Override allowed: Yes. Override NCPCP number: 75.

## **OVERACTIVE BLADDER**

### **Affected Drugs**

ENABLEX®

*oxybutynin*

SANCTURA XR®

SANCTURA®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er. Step 2 Drug(s): Enablex, Sanctura, Sanctura XR. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic oxybutynin product 1st". Override allowed: Yes. Override NCPCP number: 75.

## PROTON PUMP INHIBITORS

### Affected Drugs

*lansoprazole*

NEXIUM®

*omeprazole*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole. Step 2 Drug(s): Nexium. Note - If a member has tried brand Prilosec, they do not need to try generic omeprazole. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic omeprazole first". Override allowed: Yes. Override NCPDP number: 75.

## **SEDATIVE HYPNOTICS**

### **Affected Drugs**

ROZEREM®

*zaleplon*

*zolpidem*

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Rozerem. Rozerem will be covered for members equal to or over the age of 65 years. For those under 65 years of age, the step therapy will apply. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic zolpidem IR or generic zaleplon 1st". Override allowed: Yes. Override NCPCP number: 75.

# STRATTERA

## Affected Drugs

*amphetamine/dextroamphetamine*

*d-amphetamine*

DESOXYN®

*dexmethylphenidate*

METADATE CD®

*methamphetamine*

*methylphenidate*

STRATTERA®

## Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amphetamine Salt Combo, Desoxyn, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Liquadd, Metadate CD [Crohn's Disease], Metadate Er, Methamphetamine, Methylin, Methylin Er, Methylphenidate Er, Methylphenidate Hcl. Step 2 Drug(s): Strattera. Number of days for claims review for select or first line drugs: 130 days. Supported via therapy class 59100 CNS Stimulant Drugs excluding Provigil and pemoline (Cylert, generics). History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use stimulant first". Override allowed: Yes. Override NCPCP number: 75. Allow continuous users of second line drugs who have met first line criteria.

## TEKTURNA

### Affected Drugs

AZOR®  
*benazepril*  
*benazepril/amlodipine besylate*  
*benazepril/hctz*  
*captopril*  
*captopril/hctz*  
DIOVAN HCT®  
DIOVAN®  
*enalapril*  
*enalapril maleate/hctz*  
EXFORGE HCT®  
EXFORGE®  
*fosinopril*  
*fosinopril/hctz*  
*lisinopril*  
*lisinopril/hctz*  
*losartan*  
*losartan /hctz*  
MICARDIS HCT®  
MICARDIS®  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
TEKTURNA HCT®  
TEKTURNA®  
*trandolapril*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Azor, Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril Maleate-hctz, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hctz, Losartan potassium, Losartan-hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide,

Quinaretic, Ramipril, Trandolapril. Step 2 Drug(s): Tekturna, Tekturna Hct. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic ACE inhibitor product first". Override allowed: Yes. Override NCPCP number: 75.

## THIAZOLIDINEDIONE

### Affected Drugs

ACTOPLUS MET®  
ACTOS®  
AVANDAMET®  
AVANDARYL®  
AVANDIA®  
DUETACT®  
*glipizide/metformin hcl*  
*glyburide/metformin hcl*  
JANUMET®  
*metformin*  
RIOMET®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actos, Avandamet, Avandaryl, Avandia, Duetact. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic metformin first". Override allowed: Yes. Override NCPDP number: 75.

## TOPICAL IMMUNOMODULATORS

### Affected Drugs

*alclometasone*  
*amcinonide*  
*betameth/propylene glycol*  
*betamethasone dipropionate*  
*betamethasone valerate*  
*clobetasol propionate*  
*desonide*  
*desoximetasone*  
*diflorasone*  
ELIDEL®  
*fluocinolone acetonide*  
*fluocinonide*  
*fluticasone propionate*  
*halobetasol propionate*  
*hydrocortisone*  
*hydrocortisone butyrate*  
*hydrocortisone valerate*  
*hydrocortisone/mo/petrolatum*  
*mometasone*  
*prednicarbate*  
PROTOPIC®  
*triamcinolone acetonide*

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Beta-val, Clobetasol Emollient, Clobetasol Propionate, Cormax, Del-beta, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Elidel, Protopic. Number of days for claims review for select or first line drugs: 60 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use Rx topical steroid first". Override allowed: Yes. Override NCPCP number: 75.

## **ULORIC**

### **Affected Drugs**

*allopurinol*

*colchicine/probenecid*

*probenecid*

ULORIC®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol, Probenecid, Probenecid-colchicine. Step 2 Drug(s): Uloric. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use allopurinol or probenecid first". Override allowed: Yes. Override NCPDP number: 75.

## ZETIA

### Affected Drugs

ADVICOR®  
CRESTOR®  
*lovastatin*  
*pravastatin*  
SIMCOR®  
*simvastatin*  
VYTORIN®  
ZETIA®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Advicor, Crestor, Lovastatin, Pravastatin Sodium, Simcor, Simvastatin, Vytorin. Step 2 Drug(s): Zetia. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use formulary HMG first". Override allowed: Yes. Override NCPCP number: 75.

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