

Guidelines for Drugs Needing Step Therapy

Step Therapy Group Desc	Drugs Name	Step Therapy Criteria
ANALGESICS, NARCOTICS	KADIAN	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS.
ANTICONVULSANTS	BANZEL VIMPAT	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, VALPROIC ACID, DIVALPROEX, TOPIRAMIDE, OR ZONISAMIDE) WITHIN THE PAST 120 DAYS.
B VERSUS D ADMINISTRATIVE STEP	CYCLOPHOSPHAMIDE METHOTREXATE TREXALL	PRIOR CLAIM FOR A RHEUMATOID ARTHRITIS DRUG WITHIN THE PAST 120 DAYS.
BENIGN PROSTATIC HYPERTROPHY/MICTUR ITION AGENTS	FLOMAX RAPAFL0	PRIOR CLAIM FOR A FORMULARY GENERIC ALPHA-ADRENERGIC BLOCKING AGENT WITHIN THE PAST 120 DAYS.
BISPHOSPHONATES	ACTONEL ACTONEL WITH CALCIUM BONIVA	PRIOR CLAIM FOR GENERIC ALENDRONATE OR FOSAMAX ORAL SOLUTION WITHIN THE PAST 120 DAYS.
CONTRACEPTIVES	NUVARING ORTHO EVRA	PRIOR CLAIM FOR A GENERIC ORAL CONTRACEPTIVE WITHIN THE PAST 120 DAYS.
DIPEPTIDYL PEPTIDASE- 4 ENZYME INHIBITORS	JANUMET JANUVIA ONGLYZA	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS.
DIRECT RENIN INHIBITORS	TEKTURNA TEKTURNA HCT VALTURNA	PRIOR CLAIM FOR FORMULARY ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR) OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) WITHIN THE PAST 120 DAYS.
ELECTROLYTE DEPLETERS	RENAGEL RENVELA	PRIOR CLAIM FOR CALCIUM ACETATE (PHOSLO) WITHIN THE PAST 120 DAYS.
GENERAL BRONCHODILATOR AGENTS	SPIRIVA	PRIOR CLAIM FOR IPRATROPIUM BROMIDE (ATROVENT HFA) WITHIN THE PAST 120 DAYS.

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HYPERURICEMIC AGENTS	ULORIC	PRIOR CLAIM FOR ALLOPURINOL OR COLCHICINE WITHIN THE PAST 120 DAYS
HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONISTS	EXFORGE EXFORGE HCT	PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR) OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) WITHIN THE PAST 120 DAYS.
KERATOPLASTIC AGENTS	VECTICAL	PRIOR CLAIM FOR TOPICAL CALCIPOTRIENE (DOVONEX) WITHIN THE PAST 120 DAYS.
KETOLIDES	KETEK	PRIOR CLAIM FOR A MACROLIDE WITHIN THE PAST 120 DAYS.
LEUKOTRIENE RECEPTOR ANTAGONISTS	ACCOLATE SINGULAIR	PRIOR CLAIM FOR A NON-SEDATING ANTIHISTAMINE OR ASTHMA AGENT, (E.G., ORAL INHALED CORTICOSTEROIDS, BETA-ADRENERGIC AGENTS, OMALIZUMAB [XOLAIR] OR BUDESONIDE [PULMICORT]) WITHIN THE PAST 180 DAYS.
LUNESTA	LUNESTA	PRIOR CLAIM FOR GENERIC ZOLPIDEM OR ZALEPLON WITHIN THE PAST 120 DAYS.
MEGLITINIDES	NATEGLINIDE PRANDIMET	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE), GLIPIZIDE/METFORMIN (METAGLIP) OR A FORMULARY ORAL SULFONYLUREA (E.G., GLYBURIDE, GLIPIZIDE) WITHIN THE PAST 120 DAYS.
MIOTICS/OTHER INTRAOCULAR PRESSURE REDUCERS	BETIMOL TIMOPTIC	PRIOR CLAIM FOR A GENERIC OR FORMULARY BRAND MIOTIC/OTHER INTRAOCULAR PRESSURE REDUCER OR XALATAN WITHIN THE PAST 120 DAYS.
NASAL ANTI-INFLAMMATORY STEROIDS	NASONEX	PRIOR CLAIM FOR NASAL FLUNISOLIDE (NASALIDE) OR GENERIC FLUTICASONE (FLONASE) WITHIN THE PAST 120 DAYS.

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NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	CELEBREX	PRIOR CLAIM FOR ONE (1) NON-STEROIDAL ANTI-INFLAMMATORY AGENTS WITHIN THE PAST 120 DAYS.
OPHTHALMIC ANTIHISTAMINES	PATADAY PATANOL	PRIOR PRESCRIPTION FOR PRESCRIPTION FEXOFENADINE OR CROMOLYN SODIUM EYE DROPS WITHIN THE PAST 120 DAYS.
OPHTHALMIC MAST CELL STABILIZERS	ALAMAST	PRIOR CLAIM FOR OPHTHALMIC CROMOLYN SODIUM WITHIN THE PAST 120 DAYS.
ORAL INHALED CORTICOSTEROIDS	PULMICORT FLEXHALER	PRIOR CLAIM FOR QVAR WITHIN THE PAST 120 DAYS.
SELECTIVE SEROTONIN REUPTAKE-INHIBITORS (SSRIS)	LEXAPRO LUVOX CR	PRIOR CLAIM FOR PAROXETINE (PAXIL), FLUOXETINE (PROZAC), CITALOPRAM (CELEXA), FLUVOXAMINE (LUVOX) OR SERTRALINE (ZOLOFT) WITHIN THE PAST 120 DAYS.
SEROTONIN 5-HT AGONISTS	RELPAX	PRIOR CLAIM FOR GENERIC SUMATRIPTAN IN THE LAST 180 DAYS.
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIBITORS (SNRIS)	CYMBALTA PRISTIQ	PRIOR CLAIM FOR PAROXETINE (PAXIL), FLUOXETINE (PROZAC), SERTRALINE (ZOLOFT), CITALOPRAM (CELEXA), FLUVOXAMINE (LUVOX) OR VENLAFAXINE (EFFEXOR IMMEDIATE RELEASE) WITHIN THE PAST 120 DAYS.
THIAZOLIDINEDIONES	ACTOPLUS MET ACTOS AVANDAMET AVANDARYL AVANDIA DUETACT	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE), GLIPIZIDE/METFORMIN (METAGLIP) OR A FORMULARY ORAL SULFONYLUREA (E.G., GLYBURIDE, GLIPIZIDE) WITHIN THE PAST 120 DAYS.
TOPICAL NSAID THERAPY AGENTS	VOLTAREN	PRIOR CLAIM FOR A GENERIC ORAL NON-STEROIDAL ANTI-INFLAMMATORY AGENT (E.G., IBUPROFEN, NAPROSYN) WITHIN THE PAST 120 DAYS.

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TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD)/NARCOLEPSY	CONCERTA	PRIOR CLAIM FOR GENERIC METHYLPHENIDATE (RITALIN) WITHIN THE PAST 120 DAYS.