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## ANTIDEPRESSANTS - SARAFEM

### Affected Drugs

#### STEP 1 DRUGS

*fluoxetine*

*selfemra*

#### STEP 2 DRUGS

SARAFEM®

### 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): Fluoxetine Hcl, Selfemra. Step 2 Drug(s): Sarafem. Authorization may be given for step 2 Sarafem if the patient is currently taking the requested agent. This step therapy program applies to new utilizers only.

## ANTIDEPRESSANTS- SSRI, SNRI

### Affected Drugs

#### STEP 1 DRUGS

*citalopram*

*fluoxetine*

*fluvoxamine*

*paroxetine*

*sertraline*

*venlafaxine*

#### STEP 2 DRUGS

CELEXA®

CYMBALTA®

EFFEXOR XR®

EFFEXOR®

LEXAPRO®

LUVOX CR®

PAXIL CR®

PAXIL®

PEXEVA®

PRISTIQ®

PROZAC WEEKLY®

PROZAC®

VENLAFAXINE HCL ER®

ZOLOFT®

### Step Therapy Criteria

If the patient has tried one Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine CR, Sertraline Hcl, Venlafaxine Hcl, Fluoxetine Weekly. Step 2 Drug(s): Cymbalta, Effexor Xr, Lexapro, Pristiq, Celexa, Effexor, Luvox Cr, Paxil, Paxil Cr, Pexeva, Prozac, Prozac Weekly, Venlafaxine Hcl ER, Zoloft. Authorization may be given for a Step 2 drug if the patient is currently taking the requested agent. Patients who have taken a step 2 agent at any time in the past and discontinued its use may receive authorization to restart the step 2 agent (whichever they used in the past). Authorization may be given for a step 2 agent if the patient is currently taking the requested agent. Authorization may be given for Cymbalta or Effexor XR if the patient is treating neuropathic pain not related to diabetic peripheral neuropathy, diabetic peripheral neuropathic pain, or fibromyalgia. Authorization may be given for a step 2 agent if the patient is a child or adolescent aged 18 years or less, or has suicidal ideation. Authorization may be given for Effexor XR for the treatment of hot flashes in women who are concomitantly receiving Tamoxifen. Authorization may be given for Cymbalta for treatment of stress urinary incontinence (SUI) [women and men]. This step therapy program applies to new utilizers only.

## ANTI-HISTAMINES

### Affected Drugs

#### STEP 1 DRUGS

*cetirizine*

*fexofenadine*

#### STEP 2 DRUGS

ALLEGRA®

ALLEGRA-D 12 HOUR®

ALLEGRA-D 24 HOUR®

CLARINEX®

CLARINEX-D 12 HOUR®

CLARINEX-D 24 HOUR®

XYZAL®

### 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): Cetirizine Hcl, Fexofenadine Hcl. Step 2 Drug(s): Allegra-d 12 Hour, Allegra-d 24 Hour, Xyzal, Allegra, Clarinex, Clarinex-d 12 Hour, Clarinex-d 24 Hour. Authorization may be given for Xyzal if the patient is pregnant. Authorization may be given for Clarinex syrup, Clarinex Reditabs, Allegra suspension, or Xyzal solution if the patient has difficulty swallowing or cannot swallow (eg, pediatric patients) and the patient has tried cetirizine syrup or chewable tablets.

## ANTIHYPERTENSIVES- ACE, ARB, DRI

### Affected Drugs

#### STEP 1 DRUGS

*benazepril*  
*benazepril/amlodipine besylate*  
*benazepril/hctz*  
*captopril*  
*captopril/hctz*  
*enalapril*  
*enalapril maleate/hctz*  
*fosinopril*  
*fosinopril/hctz*  
*lisinopril/hctz*  
LISINOPRIL®  
*losartan*  
*losartan /hctz*  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
*trandolapril*  
*trandolapril/verapamil*

#### STEP 2 DRUGS

ACCUPRIL®  
ACCURETIC®  
ACEON®  
ALTACE®  
ATACAND HCT®  
ATACAND®  
AVALIDE®  
AVAPRO®  
AZOR®  
BENICAR HCT®  
BENICAR®  
CAPOTEN®  
CAPOZIDE®  
COZAAR®  
DIOVAN HCT®  
DIOVAN®  
EXFORGE HCT®  
EXFORGE®  
HYZAAR®  
LEXXEL®  
LOTENSIN HCT®  
LOTENSIN®  
LOTREL®  
MAVIK®  
MICARDIS HCT®  
MICARDIS®  
MONOPRIL®  
MONOPRIL HCT®  
PRINIVIL®  
PRINZIDE®  
TARKA®  
TEKTURNA HCT®  
TEKTURNA®  
TEVETEN HCT®  
TEVETEN®  
TWINSTA®  
UNIRETIC®

UNIVASC®  
VALTURNA®  
VASERETIC®  
VASOTEC®  
ZESTORETIC®  
ZESTRIL®

### Step Therapy Criteria

If the patient has tried one 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, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Trandolapril, Losartan-hctz, Losartan, Trandolapril-verapamil. Step 2 Drug(s): Accupril, Accuretic, Aceon, Altace, Atacand, Atacand Hct, Avalide, Avapro, Azor, Benicar, Benicar Hct, Capoten, Capozide, Cozaar, Diovan, Diovan Hct, Exforge, Exforge HCT, Hyzaar, Lexxel, Lotensin, Lotensin Hct, Lotrel, Mavik, Micardis, Micardis Hct, Monopril, Monopril Hct, Prinivil, Prinzide, Tarka, Tekturna, Tekturna HCT, Teveten, Teveten Hct, Uniretic, Univasc, Vasoretic, Vasotec, Zestoretic, Zestril. Authorization may be given for a step 2 angiotensin receptor blocker (ARB) or ARB-containing combination product if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (eg, myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the requested agent. Authorization may be given for Atacand in children less than 6 years of age. Authorization may be given for Diovan or Atacand for use in patients with heart failure who have tried a step 1 product.

## BETA BLOCKERS

### Affected Drugs

#### STEP 1 DRUGS

*acebutolol*  
*atenolol*  
*bendroflumethiazide/nadolol*  
*betaxolol*  
*bisoprolol*  
*carvedilol*  
*chlorthalidone/atenolol*  
*hctz/bisoprolol fumarate*  
*hctz/metoprolol*  
*hctz/propranolol*  
*labetalol*  
*metoprolol succinate er*  
*metoprolol tartrate*  
*nadolol*  
*pindolol*  
*propranolol*  
*propranolol er, la*  
*timolol*

#### STEP 2 DRUGS

BYSTOLIC®  
CARTROL®  
COREG CR®  
COREG®  
CORGARD®  
CORZIDE®  
INDERAL®  
INDERAL LA®  
INNOPRAN XL®  
KERLONE®  
LEVATOL®  
LOPRESSOR HCT®  
LOPRESSOR®  
SECTRAL®  
TENORETIC 100®  
TENORETIC 50®  
TENORMIN®  
TOPROL XL®  
TRANDATE®  
ZEBETA®  
ZIAC®

### 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): Acebutolol, Atenolol, Betaxolol, Bisoprolol, Labetalol, Metoprolol Tartrate, Nadolol, Pindolol, Propranolol, Propranolol ER, Propranolol LA, Timolol, Atenolol-Chlorthalidone, Bisoprolol-Hydrochlorothiazide, Metoprolol-Hydrochlorothiazide, Propranolol-Hydrochlorothiazide, Metoprolol Succinate ER, Nadolol-Bendroflumethiazide, Carvedilol. Step 2 Drug(s): Toprol XL, Cartrol, Coreg, Coreg CR, Levatol, Inderal, Inderal LA, InnoPran XL, Sectral, Tenormin, Kerlone, Zebeta, Trandate, Lopressor, Corgard, Tenoretic, Ziac, Lopressor HCT, Corzide, Bystolic.

## BISPHOSPHONATES

### Affected Drugs

#### STEP 1 DRUGS

*alendronate*

#### STEP 2 DRUGS

ACTONEL®

ACTONEL WITH CALCIUM®

BONIVA®

FOSAMAX PLUS D®

FOSAMAX®

### 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. Step 2 Drug(s): Actonel, Actonel with Calcium, Boniva, Fosamax, Fosamax Plus D. Authorization may be given for Actonel, Actonel with Calcium, or Boniva if the patient has an abnormality of the esophagus that delays esophageal emptying (stricture or achalasia). Authorization may be given for Actonel for use in the management of Paget's disease if the patient has already started therapy with Actonel. Authorization may be given for Fosamax oral solution for adult patients with a gastrostomy tube, who cannot swallow, or who have difficulty swallowing tablets. Authorization may be given for Fosamax oral solution for children who require an oral solution.

## DPP-4 INHIBITORS

### Affected Drugs

#### STEP 1 DRUGS

ACTOPLUS MET®  
AVANDAMET®  
FORTAMET®  
GLUCOPHAGE XR®  
GLUCOPHAGE®  
GLUCOVANCE®  
GLUMETZA®  
METAGLIP®  
*metformin*  
*metformin er*  
*metformin-glipizide*  
*metformin-glyburide*  
PRANDIMET®  
RIOMET®

#### STEP 2 DRUGS

JANUMET®  
JANUVIA®  
ONGLYZA®

### 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): Metformin, Metformin extended-release, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Actoplus Met, Avandamet, Metaglip, Metformin-Glipizide, Glucovance, Metformin-Glyburide, PrandiMet. Step 2 Drug(s): Januvia, Janumet, Onglyza. Authorization may be given for Januvia, Janumet or Onglyza if the patient is already started and stabilized on the Step 2 agent. Authorization may be given for Januvia or Onglyza if the patient has hepatic impairment. Authorization may be given for Januvia or Onglyza if the patient is alcohol dependent (chronic or pattern or binge drinking). Authorization may be given for Januvia or Onglyza if the patient has renal insufficiency or renal disease.

## LEUKOTRIENE MODIFIERS

### Affected Drugs

#### STEP 1 DRUGS

ALLEGRA®  
ALLEGRA-D 12 HOUR®  
ALLEGRA-D 24 HOUR®  
ASTELIN®  
ASTEPRO®  
BECONASE AQ®  
*cetirizine*  
CLARINEX®  
CLARINEX-D 12 HOUR®  
CLARINEX-D 24 HOUR®  
*fexofenadine*  
FLONASE®  
*flunisolide*  
*fluticasone propionate*  
NASACORT AQ®  
NASAREL®  
NASONEX®  
OMNARIS®  
PATANASE®  
RHINOCORT AQUA®  
VERAMYST®  
XYZAL®

#### STEP 2 DRUGS

ACCOLATE®  
SINGULAIR®  
ZYFLO CR®

### Step Therapy Criteria

If the patient has tried two Step 1 drugs (one Nasal Allergy Medication and one Antihistamine in Step 1), then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allegra, Allegra-D, Astelin, Astepro, Beconase AQ, Cetirizine, Clarinex, Clarinex-D, Flonase, Flunisolide nasal spray, fexofenadine, Fluticasone nasal spray, Nasacort AQ, Nasarel, Nasonex, Omnaris, Patanase, Rhinocort AQ, Veramyst, Xyzal. Step 2 Drug(s): Singulair, Accolate, Zyflo, Zyflo CR. Members with a history of the following drugs within the 130 day look back period are excluded from step therapy for Leukotriene Modifiers. Asthma medications - leukotriene pathway inhibitors, inhaled corticosteroids, beta-2 adrenergic agonist drugs and other inhalations for asthma.

## LONG ACTING OPIOIDS

### Affected Drugs

#### STEP 1 DRUGS

*morphine sustained release*

#### STEP 2 DRUGS

AVINZA®  
EMBEDA®  
KADIAN®  
MS CONTIN®  
OPANA ER®  
ORAMORPH SR®  
OXYCONTIN®

### 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): Morphine sustained release. Step 2 Drug(s): Avinza, Embeda, Kadian, MS Contin, Opana ER, Oramorph SR, OxyContin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant. Authorization may be given for Avinza, Kadian, or Embeda if the patient cannot swallow or has difficulty swallowing. Authorization may be given for Avinza or Kadian if the patient has a gastrostomy tube (G-tube).

## LYRICA

### Affected Drugs

#### STEP 1 DRUGS

*gabapentin*

NEURONTIN®

#### STEP 2 DRUGS

LYRICA®

### 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. 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. Authorization for Lyrica may be given for use in seizure disorder. Authorization for Lyrica may be given if the patient has used gabapentin or Neurontin for 60 or more days for the same diagnosis. Authorization for Lyrica may be given if the patient has used gabapentin or Neurotin for any length of time at a dose 2400 mg/day or more for the same diagnosis. Authorization for Lyrica may be given if the patient cannot tolerate gabapentin due to adverse events. Authorization for Lyrica may be given if it is being prescribed for the management of neuropathic pain associated with diabetic peripheral neuropathy. Authorization for Lyrica may be given if it is being prescribed for the management of fibromyalgia. Authorization for Lyrica may be given if it is being prescribed for the treatment of generalized anxiety disorder (GAD) after the patient has tried at least two other GAD therapies (eg, tricyclic antidepressant [eg, imipramine, nortriptyline], SSRI, SNRI, or buspirone). This step therapy program applies to new utilizers only.

## **METFORMIN**

### **Affected Drugs**

#### STEP 1 DRUGS

*metformin*

*metformin er*

#### STEP 2 DRUGS

FORTAMET, ER®

GLUCOPHAGE XR®

GLUCOPHAGE®

GLUMETZA®

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) : Metformin, Metformin ER. Step 2 Drug(s): Fortamet ER, Glucophage, Glucophage XR, Glumetza ER, Riomet. Participant must have 90 days of generic metformin or generic metformin ER in claims history. Authorization may be given for Riomet patients who are unable to swallow or have difficulty swallowing tablets containing metformin.

## NASAL ALLERGY MEDICATIONS

### Affected Drugs

#### STEP 1 DRUGS

*azelastine hcl*

*flunisolide*

*fluticasone propionate*

#### STEP 2 DRUGS

ASTELIN®

ASTEPRO®

BECONASE AQ®

FLONASE®

NASACORT AQ®

NASAREL®

NASONEX®

OMNARIS®

PATANASE®

RHINOCORT AQUA®

VERAMYST®

### 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): Flunisolide, Fluticasone Propionate, Azelastine. Step 2 Drug(s): Astelin, Astepro, Nasacort Aq, Beconase Aq, Flonase, Nasarel, Nasonex, Omnaris, Patanase, Rhinocort Aqua, Veramyst.

## NSAID

### Affected Drugs

#### STEP 1 DRUGS

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

#### STEP 2 DRUGS

ANAPROX DS®  
ANAPROX®  
ARTHROTEC 50®  
ARTHROTEC 75®  
CATAFLAM®  
CELEBREX®  
CLINORIL®  
DAYPRO®  
EC-NAPROSYN®  
FELDENE®  
FLECTOR®  
INDOCIN®  
INDOCIN®  
MOBIC®  
NALFON®  
NAPRELAN®  
NAPROSYN®  
PONSTEL®  
VOLTAREN®  
VOLTAREN-XR®  
ZIPSOR®

### 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): Anaprox, Anaprox Ds, Arthrotec 50, Arthrotec 75, Cataflam, Clinoril, Daypro, Ec-naprosyn, Feldene, Flector, Indocin, Indocin Sr, Mobic, Nalfon, Naprelan, Naprosyn, Ponstel, Voltaren, Voltaren-XR, Celebrex. Authorization for a step 2 drug may be given if the patient has tried two unique generic prescription strength non-steroidal anti-inflammatory drugs (NSAIDs) for the current condition. Authorization may be given for Flector or Voltaren Gel for patients with difficulty swallowing or cannot swallow. Authorization may be given for Voltaren Gel for patients with a chronic musculoskeletal pain condition (eg, osteoarthritis) in 3 or fewer joints/sites (ie, hand, wrist, elbow, knee, ankle, or foot each count as 1 joint/site) who are at risk of NSAID-associated toxicity (eg, previous

gastrointestinal [GI] bleed, history of peptic ulcer disease, impaired renal function, cardiovascular disease, hypertension, heart failure, elderly patients with impaired hepatic function, or those taking concomitant anticoagulants). This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 130 days. Authorization for Celebrex may be given for patients who are currently taking chronic systemic corticosteroid therapy, warfarin (Coumadin), clopidogrel (Plavix), chronic aspirin therapy, or low molecular weight heparins. Authorization for Celebrex may be given for patients with reduced platelet counts or other coagulation disorders. Authorization for Celebrex may be given for patients with familial adenomatous polyposis (FAP) or attenuated adenomatous polyposis coli (AAPC) who have adenomatous colorectal polyps. Authorization for Celebrex may be given if used for the treatment of cancer as part of a cancer-chemotherapy regimen (e.g., in combination with chemotherapeutic agents). Authorization for Celebrex may be given for patients who have had a documented upper gastrointestinal bleed from a duodenal or gastric ulcer. Authorization for Celebrex may be given for patients with a past hypersensitivity, anaphylactic or allergic-type reaction (e.g., erythema, hives, urticaria, angioedema) to aspirin or NSAIDs. Authorization for Celebrex may be given to patients with aspirin-sensitive asthma (also known as aspirin-induced asthma, aspirin-exacerbated respiratory disease) or NSAID-induced asthma.

## OAVERACTIVE BLADDER

### Affected Drugs

#### STEP 1 DRUGS

*oxybutynin*

*oxybutynin xl*

#### STEP 2 DRUGS

DETROL LA®

DETROL®

DITROPAN XL®

DITROPAN®

ENABLEX®

GELNIQUE®

OXYTROL®

SANCTURA XR®

SANCTURA®

TOVIAZ®

VESICARE®

### 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, Oxybutynin XL. Step 2 Drug(s): Detrol, Detrol LA, Ditropan, Ditropan XL, Enablex, Gelnique, Oxytrol, Sanctura, Sanctura XR, Toviaz, Vesicare. Authorization for Oxytrol or Gelnique may be given for patients who cannot swallow or who have difficulty swallowing. Authorization for a step 2 drug may be given for patients who have already tried another oxybutynin overactive bladder product such as Gelnique, Oxytrol, Ditropan, or Ditropan XL. Authorization for Sanctura or Sanctura XR may given on an individual basis for potential drug-drug interactions with a cytochrome P450 3A4 inhibitor.

# PROTON PUMP INHIBITORS

## Affected Drugs

### STEP 1 DRUGS

*lansoprazole*

*omeprazole*

### STEP 2 DRUGS

ACIPHEX®

DEXILANT®

KAPIDEX®

NEXIUM®

*pantoprazole*

PREVACID®

PRILOSEC®

PROTONIX®

ZEGERID®

## 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, Aciphex, Kapidex, Pantoprazole Sodium, Prevacid, Prilosec, Protonix, Zegerid, Dexilant. Authorization may be given for Prevacid SoluTabs for patients with a feeding tube (eg, nasogastric tube, gastric tube). Authorization may be given for Prevacid SoluTabs or Nexium Packet for children less than 2 years old.

## SEDATIVES/HYPNOTICS

### Affected Drugs

#### STEP 1 DRUGS

*zaleplon*

*zolpidem*

#### STEP 2 DRUGS

AMBIEN CR®

AMBIEN®

EDLUAR®

LUNESTA®

ROZEREM®

SONATA®

### 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): Edluar, Lunesta, Rozerem, Ambien, Ambien Cr, Sonata. 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. Authorization for Rozerem may be given if the patient has a documented history of addiction to controlled substances. Authorization for Edluar may be given if the patient has difficulty swallowing or cannot swallow tablets.

## TETRACYCLINES

### Affected Drugs

#### STEP 1 DRUGS

*demeclocycline hcl*  
*doxycycline hyclate*  
*doxycycline monohydrate*  
*minocycline*  
*tetracycline*

#### STEP 2 DRUGS

ADOXA PAK®  
ADOXA®  
AVIDOXY®  
DECLOMYCIN®  
DORYX®  
DYNACIN®  
MINOCIN®  
MONODOX®  
ORACEA®  
ORAXYL®  
PERIOSTAT®  
SOLODYN®  
SUMYCIN®  
VIBRAMYCIN®  
VIBRA-TABS®

### 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): Demeclocycline, Doxycycline, Minocycline, Tetracycline. Step 2 Drug(s): Adoxa, Adoxa Pak, Avidoxy, Avidoxy Kit, Declomycin, Doryx, Dynacin, Minocin, Minocin Kit, Minocin PAC, Monodox, Oracea, Oraxyl, Periostat, Solodyn, Sumycin, Vibramycin, Vibra-Tabs. Authorization may be given for a 3-day supply of a single entity doxycycline agent without a generic equivalent (Doryx, Vibramycin Calcium oral suspension or Adoxa capsules) if the patient has a systemic infection and the physician or the physician's representative cannot be contacted.

## THIAZOLIDINEDIONES

### Affected Drugs

#### STEP 1 DRUGS

FORTAMET®

*glipizide/metformin hcl*

GLUCOPHAGE XR®

GLUCOPHAGE®

GLUCOVANCE®

GLUMETZA®

*glyburide/metformin hcl*

JANUMET®

METAGLIP®

*metformin er*

*metformin*

PRANDIMET®

RIOMET®

#### STEP 2 DRUGS

ACTOPLUS MET®

ACTOS®

AVANDAMET®

AVANDARYL®

AVANDIA®

DUETACT®

### 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): Metformin, Metformin extended-release, Glipizide-Metformin, Glyburide-Metformin, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Metaglip, Glucovance, Janumet, Prandimet. Step 2 Drug(s): Actoplus Met, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started and stabilized on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.

## VIMOVO/PREVACID NAPRAPAC

### Affected Drugs

#### STEP 1 DRUGS

ANAPROX DS®

ANAPROX®

EC-NAPROSYN®

NAPRELAN®

NAPROSYN®

*naproxen*

*naproxen sodium*

*omeprazole*

#### STEP 2 DRUGS

VIMOVO®

### Step Therapy Criteria

If the patient has tried two Step 1 drugs (omeprazole and one of the naproxen formulations in Step 1), then authorization for a Step 2 drug may be given. Step 1 Drug(s): Anaprox, Anaprox Ds, Ec-naprosyn, Naprelan, Naprosyn, Naproxen, Naproxen Sodium, Omeprazole. Step 2 Drug(s): Vimovo.

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