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ANTIDEPRESSANTS - SARAFEM

Affected Drugs

FLUOXETINE HCL

SARAFEM®

SELFEMRA

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.

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 fluoxetine". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SSRI, SNRI

Affected Drugs

CELEXA®
CITALOPRAM
CYMBALTA®
EFFEXOR XR®
EFFEXOR®
FLUOXETINE HCL
FLUVOXAMINE MALEATE
LEXAPRO®
LUVOX CR®
PAROXETINE HCL
PAXIL CR®
PAXIL®
PEXEVA®
PRISTIQ®
PROZAC WEEKLY®
PROZAC®
SERTRALINE HCL
VENLAFAXINE HCL
VENLAFAXINE HCL ER®
ZOLOFT®

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, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine CR, Sertraline Hcl, Venlafaxine Hcl.

Step 2 Drug(s): Cymbalta, Effexor Xr, Lexapro, Pristiq, Celexa, Effexor, Luvox Cr, Paxil, Paxil Cr, Pexeva, Prozac, Prozac Weekly, Venlafaxine Hcl ER, Zoloft.

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/SNRI products as well as second-line drugs listed above. On-line Pharmacy Message: "Call Dr, use generic SSRI first". Override allowed: Yes. Override NCPDP number: 75. This step therapy program applies to new utilizers only.

ANTI-HISTAMINES

Affected Drugs

ALLEGRA®
ALLEGRA-D®
ALLEGRA-D 24 HOUR®
CETIRIZINE HCL
CLARINEX®
CLARINEX-D 12 HOUR®
CLARINEX-D 24 HOUR®
FEXOFENADINE HCL
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, Allegra-D 24 Hour, Xyzal, Allegra, Clarinex, Clarinex-D 12 Hour, Clarinex-D 24 Hour.

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: "Call Dr, use generic NSA first". Override allowed: Yes. Override NCPDP number: 75.

ANTIHYPERTENSIVES- ACE, ARB, DRI

Affected Drugs

ACCUPRIL®
ACCURETIC®
ACEON®
ALTACE®
AMLODIPINE BESYLATE-BENAZEPRIL
ATACAND HCT®
ATACAND®
AVALIDE®
AVAPRO®
AZOR®
BENAZEPRIL HCL
BENAZEPRIL HCL-HCTZ
BENICAR HCT®
BENICAR®
CAPOTEN®
CAPTOPRIL
CAPTOPRIL-HYDROCHLOROTHIAZIDE
COZAAR®
DIOVAN HCT®
DIOVAN®
ENALAPRIL MALEATE
ENALAPRIL MALEATE-HCTZ
EXFORGE HCT®
EXFORGE®
FOSINOPRIL SODIUM
FOSINOPRIL-HYDROCHLOROTHIAZIDE
HYZAAR®
LISINOPRIL
LISINOPRIL-HCTZ
LOTENSIN HCT®
LOTENSIN®
LOTREL®
MAVIK®
MICARDIS HCT®
MICARDIS®
MOEXIPRIL HCL
MOEXIPRIL-HYDROCHLOROTHIAZIDE
MONOPRIL HCT®

MONOPRIL®
PRINIVIL®
PRINZIDE®
QUINAPRIL HCL
QUINAPRIL-HYDROCHLOROTHIAZIDE
QUINARETIC
RAMIPRIL
TARKA®
TEKTURNA HCT®
TEKTURNA®
TEVETEN HCT®
TEVETEN®
TRANDOLAPRIL
UNIRETIC®
UNIVASC®
VASERETIC®
VASOTEC®
VALTURNA®
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.

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, Valturna, Vaseretic, Vasotec, Zestoretic, Zestril.

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/ACE combo first". Override allowed:
Yes. Override NCPCP number: 75.

HMG COA-REDUCTASE INHIBITORS

Affected Drugs

ADVICOR®
ALTOPREV®
CADUET®
CRESTOR®
LESCOL XL®
LESCOL®
LIPITOR®
LOVASTATIN
MEVACOR®
PRAVACHOL®
PRAVASTATIN SODIUM
SIMCOR®
SIMVASTATIN
VYTORIN®
ZOCOR®

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): Advicor, Altoprev, Crestor (5mg), Lescol (20mg and 40mg), Lescol XI (80mg), Lipitor (10mg and 20mg), Mevacor, Pravachol, Simcor, Caduet (10mg and 20mg), Vytorin (10mg/10mg), Zocor.

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: "Call Dr, use generic HMG first". Override allowed: Yes. Override NCPCP number: 75.

LEUKOTRIENE MODIFIERS

Affected Drugs

ACCOLATE®
ALLEGRA®
ALLEGRA-D 12 HOUR®
ALLEGRA-D 24 HOUR®
ASTELIN®
ASTEPRO®
BECONASE AQ®
CETIRIZINE HCL
CLARINEX®
CLARINEX-D 12 HOUR®
CLARINEX-D 24 HOUR®
FEXOFENADINE HCL
FLONASE®
FLUNISOLIDE
FLUTICASONE PROPIONATE
NASACORT AQ®
NASAREL®
NASONEX®
OMNARIS®
PATANASE®
RHINOCORT AQUA®
SINGULAIR®
VERAMYST®
XYZAL®
ZYFLO CR®

Step Therapy Criteria

If the patient has tried two Step 1 drugs (one each of nasal corticosteroid and a non-sedating antihistamine/decongestant combination med 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.

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: "Nonasthmatic use generic NSA and nasal steroid". Override allowed: Yes. Override NCPCP number: 75. 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.

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: "Call Dr, use gabapentin first". Override allowed: Yes. Override NCPCP 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.

NASAL ALLERGY MEDICATIONS

Affected Drugs

ASTELIN®
ASTEPRO®
BECONASE AQ®
FLONASE®
FLUNISOLIDE
FLUTICASONE PROPIONATE
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.

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

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 nasal steroid first". Override allowed: Yes. Override NCPCP number: 75.

NSAID

Affected Drugs

ANAPROX DS®
ANAPROX®
ARTHROTEC 50®
ARTHROTEC 75®
CATAFLAM®
CELEBREX®
CLINORIL®
DAYPRO®
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
EC-NAPROSYN®
ETODOLAC
FELDENE®
FENOPROFEN CALCIUM
FLECTOR®
FLURBIPROFEN
IBUPROFEN
INDOCIN SR®
INDOCIN®
INDOMETHACIN
KETOPROFEN
KETOROLAC TROMETHAMINE
MECLOFENAMATE SODIUM
MELOXICAM
MOBIC®
NABUMETONE
NALFON®
NAPRELAN®
NAPROSYN®
NAPROXEN
NAPROXEN SODIUM
OXAPROZIN
PIROXICAM
PONSTEL®
SULINDAC
TOLMETIN SODIUM
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, Celebrex, Clinoril, Daypro, EC-Naprosyn, Feldene, Flector, Indocin, Indocin Sr, Lodine, Lodine, XI, Meclomen, Mobic, Nalfon, Naprelan, Naprosyn, Ponstel, Voltaren, Voltaren-XR, Zipsor.

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 first". Override allowed: Yes. Override NCPCP number: 75.

PREVACID NAPRAPAC

Affected Drugs

ANAPROX DS®
ANAPROX®
EC-NAPROSYN®
NAPRELAN®
NAPROSYN®
NAPROXEN
NAPROXEN SODIUM
OMEPRAZOLE
PREVACID NAPRAPAC®

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): Prevacid Naprapac.

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 and naproxen first". Override allowed: Yes. Override NCPDP number: 75.

PROTON PUMP INHIBITORS

Affected Drugs

ACIPHEX®
KAPIDEX®
NEXIUM®
OMEPRAZOLE
PANTOPRAZOLE SODIUM
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): Omeprazole.

Step 2 Drug(s): Nexium, Aciphex, Kapidex, Pantoprazole Sodium, Prevacid, Prilosec, Protonix, Zegerid.

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. Injectables are not included in the drug groups nor in the look back period. On-line Pharmacy Message: "Call Dr, use generic omeprazole first". Override allowed: Yes. Override NCPCP number: 75.

SEDATIVES/HYPNOTICS

Affected Drugs

AMBIEN CR®
AMBIEN®
EDLUAR®
LUNESTA®
ROZEREM®
SONATA®
ZALEPLON
ZOLPIDEM TARTRATE

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. 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: "Call Dr, use generic zolpidem IR or generic zaleplon first". Override allowed: Yes. Override NCPCP number: 75.

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