2012 Medicare High Performance 4 Tier Step Therapy Criteria

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captopril/hctz 10

enalapril 10

enalapril maleate/hctz 10

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fosinopril/hctz 10

lisinopril 10

lisinopril/hctz 10

losartan 10

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ACE-I/ARB

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
benazepril	DIOVAN HCT®
benazepril/amlodipine besylate	DIOVAN®
benazepril/hctz	EXFORGE HCT®
captopril	EXFORGE®
captopril/hctz	MICARDIS HCT®
enalapril	MICARDIS®
enalapril maleate/hctz	TWYNSTA®
fosinopril	
fosinopril/hctz	
lisinopril	
lisinopril/hctz	
losartan	
losartan /hctz	
moexipril	
moexipril/hctz	
perindopril erbumine	
quinapril	
quinapril/hctz	
ramipril	
trandolapril	

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-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e. g. , myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.

ALZHEIMER'S DRUGS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
donepezil	EXELON®
galantamine	
rivastigmine tartrate	

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Donepezil Hcl, Galantamine Hydrobromide, Galantamine Hbr, Rivastigmine. Step 2 Drug(s): Exelon oral solution, Exelon patch. Authorization may be given for a Step 2 drug if the patient is currently taking (or has taken in the past) the requested agent. Authorization for Exelon Patch may be given if the patient has difficulty swallowing or cannot swallow. This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SNRI

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
citalopram	CYMBALTA®
fluoxetine	PRISTIQ®
fluvoxamine	SAVELLA®
paroxetine	
RAPIFLUX®	
sertraline	
venlafaxine	

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, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SSRI

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
citalopram	VIIBRYD®
fluoxetine	
fluvoxamine	
paroxetine	
RAPIFLUX®	
sertraline	

If the patient has tried two Step 1 drugs, 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, Paroxetine ER, Rapiflux, Sertraline Hcl. Step 2 Drug(s): Viibryd. Patients who have taken a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] at any time in the past and discontinued its use may receive authorization to restart the step 2 SSRI [Selective Serotonin Reuptake Inhibitor] (whichever they used in the past). Authorization may be given for a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] if the patient is currently taking the requested agent. Authorization may be given for a step 2 drug if the patient is a child or adolescent aged 18 years or less or has suicidal ideation. This step therapy program applies to new utilizers only.

BILE ACID SEQUESTRANTS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
cholestyramine/aspartame	WELCHOL®
colestipol	

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Cholestyramine Light, Colestipol Hcl, Prevalite. Step 2 Drug(s): Welchol. Authorization may be given for Welchol if patients have a drug-drug interaction with cholestyramine or colestipol. Authorization may be given for Welchol in patients who are pregnant. Authorization may be given for Welchol in patients with type 2 diabetes who are also using other antidiabetic agents (eg, insulin, metformin, sulfonylurea). Authorization may be given for Welchol in patients less than 18 years of age.

BISPHOSPHONATES ORAL

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
alendronate	BONIVA®

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. Authorization may be given for Boniva, if the patient has tried alendronate sodium (brand or generic).

COX-2

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
diclofenac potassium	CELEBREX®
diclofenac sodium	
etodolac	
fenoprofen	
flurbiprofen	
ibuprofen	
indomethacin	
ketoprofen	
ketorolac	
meclofenamate	
mefenamic acid	
meloxicam	
nabumetone	
naproxen	
naproxen sodium	
oxaprozin	
piroxicam	
sulindac	
tolmetin	

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, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Celebrex. Authorization for Celebrex may be given if the patient has tried two oral prescription strength NSAIDs [Non-steroidal anti-inflammatory drugs] (brand or generic) for the current condition. 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), prasugrel (Effient), chronic aspirin therapy, or low molecular weight heparins.

FENOFIBRATE

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
fenofibrate	LIPOFEN®

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.

HMG RULE 1

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
lovastatin	CRESTOR®
pravastatin	VYTORIN®
simvastatin	

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 5 mg, Vytorin 10/10 mg. Authorization may be given for a step 2 drug, if the patient has tried lovastatin (brand or generic), pravastatin sodium (brand or generic), or simvastatin (brand or generic). Authorization for a step 2 drug will given on an individual basis for drug-drug interactions.

LONG ACTING OPIOIDS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
morphine	OPANA ER®
	OXYCONTIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, 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.

LYRICA

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
gabapentin	LYRICA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Gabapentin. Step 2 Drug(s): Lyrica. 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. Authorization for Lyrica, without a trial of a step 1 agent, may be given for patients with symptoms of seizure disorder. Authorization for Lyrica may be given if the patient has used gabapentin (brand or generic) for any length of time at a dose 2400 mg/day or more. Authorization for Lyrica may be given if the patient cannot tolerate gabapentin due to adverse events. Authorization for Lyrica may be given, without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia. Authorization may be given for Lyrica if the patient has symptoms of generalized anxiety disorder (GAD) and has been previously treated with two drugs from the following drug classes - tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), or buspirone. This step therapy program applies to new utilizers only.

OPHTHALMIC BETA BLOCKERS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
betaxolol	COMBIGAN®
carteolol	
dorzolamide/timolol	
levobunolol	
metipranolol	
timolol	

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.

OVERACTIVE BLADDER

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
oxybutynin	ENABLEX®
trospium chloride	SANCTURA XR®

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, Trospium Chloride. Step 2 Drug(s): Enablex, Sanctura XR.

PROTON PUMP INHIBITORS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
lansoprazole	NEXIUM®
omeprazole	
omeprazole/sodium bicarbonat	
pantoprazole	

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, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium.

SEDATIVE HYPNOTICS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
zaleplon	ROZEREM®
zolpidem	

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. Authorization for Rozerem may be given if the patient has a documented history of addiction to controlled substances.

STRATTERA

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
amphetamine/dextroamphetamine	STRATTERA®
d-amphetamine	
dexmethylphenidate	
METADATE CD®	
methamphetamine	
methylphenidate	

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, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Metadate Cd, Metadate Er, Methamphetamine Hcl, Methylin, Methylin Er, Methylphenidate Hcl, Methylphenidate Sr. Step 2 Drug(s): Strattera. Authorization for a step 2 agent may be given for patients with symptoms of attention deficit hyperactivity disorder (ADHD)/attention deficit disorder (ADD) if they have previously tried a methylphenidate/dexmethylphenidate product (brand or generic) or an amphetamine product (brand or generic). Authorization for Strattera, without a trial of a step 1 agent, may be given for patients with symptoms of ADHD [Attention Deficit Hyperactive Disorder]/ADD [Attention Deficit Disorder] with a documented history of addiction to controlled substances, or with a history of seizures, or if they have symptoms of co-morbid anxiety, or they have a history of motor tics or a family history or symptoms of Tourette's syndrome. Authorization for Strattera, without a trial of a step 1 agent, may be given for patients with symptoms of ADHD [Attention Deficit Hyperactive Disorder]/ADD [Attention Deficit Disorder] if the patient has potential contraindications to step 1 agents such as hypertension, heart failure, recent myocardial infarction, or hyperthyroidism.

TEKTURNA

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
benazepril	AMTURNIDE®
benazepril/amlodipine besylate	TEKAMLO®
benazepril/hctz	TEKTURNA HCT®
captopril	TEKTURNA®
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	
TWYNSTA®	

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-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril-hydrochlorothiazide, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide,

Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.

THIAZOLIDINEDIONE

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
glipizide/metformin hcl	ACTOPLUS MET XR®
glyburide/metformin hcl	ACTOPLUS MET®
JANUMET®	ACTOS®
KOMBIGLYZE XR®	AVANDAMET®
metformin	AVANDARYL®
RIOMET®	AVANDIA®
	DUETACT®

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, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, 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 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.

TOPICAL IMMUNOMODULATORS

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
alclometasone	ELIDEL®
amcinonide	PROTOPIC®
betameth/propylene glycol	
betamethasone dipropionate	
betamethasone valerate	
clobetasol propionate	
desonide	
desoximetasone	
diflorasone	
fluocinolone acetonide	
fluocinonide	
fluticasone propionate	
halobetasol propionate	
hydrocortisone	
hydrocortisone butyrate	
hydrocortisone valerate	
mometasone	
prednicarbate	
triamcinolone acetonide	

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, Clobetasol Emollient, Clobetasol Propionate, 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. Authorization may be given for Elidel or Protopic, if the patient has tried one prescription strength topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Protopic or Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for Protopic or Elidel may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization for Protopic may be given for patients with the following conditions after a trial of a prescription strength topical

corticosteroid: dyshidrotic palmar eczema, pyoderma gangrenosum, orofacial or perineal Crohn's disease, erosive pustular dermatosis, chronic cutaneous graft-vs-host disease (GVHD), chronic actinic dermatitis, allergic contact dermatitis, and bullous pemphigoid. Authorization may be given for Elidel or Protopic, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e. g. , azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e. g. , tetracycline, metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin). Authorization may be given for Protopic, for severe uremic pruritus if the patient has tried two other therapies for this condition (e. g. , emollients, capsaicin, topical corticosteroids, ultraviolet B irradiation).

ULORIC

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
allopurinol	ULORIC®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric. Authorization may be given for Uloric if the patient has tried allopurinol (brand or generic) at any time in the past. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).

ZETIA

Affected Drugs

STEP 1 DRUGS	STEP 2 DRUGS
ADVICOR®	ZETIA®
CRESTOR®	
lovastatin	
pravastatin	
SIMCOR®	
simvastatin	
VYTORIN®	

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. Authorization of Zetia may be given if the patient has tried one HMG-CoA reductase inhibitor (statin) or HMG-CoA reductase inhibitor (statin) combination product or if Zetia is being initiated in combination with an HMG-CoA reductase inhibitor (statin). Authorization for Zetia may be given if the patient is taking or will be taking a medication that has a significant drug interaction with any of the HMG-CoA reductase inhibitors [statins] (eg, cyclosporine, fibrates, niacin more than 1 g/day, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, amiodarone, and verapamil). Authorization of Zetia may be given if the patient has severe renal impairment (creatinine clearance of 30 mL/minute or less). Authorization of Zetia may be given if for management of homozygous familial sitosterolemia. Authorization of Zetia may be given for use in pregnant woman. Authorization of Zetia may be given if the patient has active liver disease or unexplained persistent elevations of serum transaminases. Exceptions are NOT recommended for Zetia for use in patients with moderate or severe hepatic insufficiency. As reviewed by a pharmacist, authorization for Zetia may be given for use in patients who have been previously diagnosed with myopathy or rhabdomyolysis (either medication-related or not medication related) OR the patient has an underlying muscle/muscle-metabolism-related disorder (eg, myositis, McArdle disease).

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