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## ACE-I/ARB

### Affected Drugs

AMLODIPINE BESYLATE-BENAZEPRIL  
AZOR®  
BENAZEPRIL HCL  
BENAZEPRIL HCL-HCTZ  
CAPTOPRIL  
CAPTOPRIL-HYDROCHLOROTHIAZIDE  
DIOVAN HCT®  
DIOVAN®  
ENALAPRIL MALEATE  
ENALAPRIL MALEATE-HCTZ  
EXFORGE HCT®  
EXFORGE®  
FOSINOPRIL SODIUM  
FOSINOPRIL-HYDROCHLOROTHIAZIDE  
LISINOPRIL  
LISINOPRIL-HCTZ  
MICARDIS HCT®  
MICARDIS®  
MOEXIPRIL HCL  
MOEXIPRIL-HYDROCHLOROTHIAZIDE  
QUINAPRIL HCL  
QUINAPRIL-HYDROCHLOROTHIAZIDE  
QUINARETIC  
RAMIPRIL  
TRANDOLAPRIL

### 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): 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): Azor, Diovan, Diovan Hct, Exforge, 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 2 generic ACE inhibitor products first". Override allowed: Yes. Override NCPDP number: 75.

## **ALZHEIMER'S DRUGS**

### **Affected Drugs**

ARICEPT ODT®  
ARICEPT®  
EXELON®  
GALANTAMINE HBR  
GALANTAMINE HYDROBROMIDE  
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  
CITALOPRAM HBR  
CYMBALTA®  
EFFEXOR XR®  
FLUOXETINE HCL  
FLUVOXAMINE MALEATE  
PAROXETINE HCL  
PRISTIQ®  
SERTRALINE HCL  
VENLAFAXINE HCL

### **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 Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Sertraline Hcl, Venlafaxine Hcl. Step 2 Drug(s): Cymbalta, Pristiq, Effexor 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. Grandfathering includes all SSRI/SNRI products as well as second-line drugs listed above. On-line Pharmacy Message: "Use generic SSRI/SNRI first". Override allowed: Yes. Override NCPDP number: 75. This step therapy program applies to new utilizers only.

## **BISPHOSPHONATES ORAL**

### **Affected Drugs**

ACTONEL WITH CALCIUM®

ACTONEL®

ALENDRONATE SODIUM

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, Actonel, Actonel with Calcium. 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 NCPDP number: 75.

## **CCB - DIHYDROPYRIDINES**

### **Affected Drugs**

AFEDITAB CR  
AMLODIPINE BESYLATE  
AMLODIPINE BESYLATE-BENAZEPRIL  
FELODIPINE ER  
ISRADIPINE  
NICARDIPINE HCL  
NIFEDIAC CC  
NIFEDICAL XL  
NIFEDIPINE  
NIFEDIPINE ER  
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 CALCIUM  
FLURBIPROFEN  
IBUPROFEN  
INDOMETHACIN  
KETOPROFEN  
KETOROLAC TROMETHAMINE  
MECLOFENAMATE SODIUM  
MELOXICAM  
NABUMETONE  
NAPROXEN  
NAPROXEN SODIUM  
OXAPROZIN  
PIROXICAM  
SULINDAC  
TOLMETIN SODIUM

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

## **HMG RULE 1**

### **Affected Drugs**

CRESTOR®  
LOVASTATIN  
PRAVASTATIN SODIUM  
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**

## **OPHTHALMIC BETA BLOCKERS**

### **Affected Drugs**

BETAXOLOL HCL  
CARTEOLOL HCL  
COMBIGAN®  
DORZOLAMIDE-TIMOLOL  
LEVOBUNOLOL HCL  
METIPRANOLOL  
TIMOLOL MALEATE

### **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 CHLORIDE  
OXYBUTYNIN CHLORIDE ER  
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**

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): 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 NCPCP number: 75.

## **SEDATIVE HYPNOTICS**

### **Affected Drugs**

ROZEREM®

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): 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 SALT COMBO  
DESOXYN®  
DEXMETHYLPHENIDATE HCL  
DEXTROAMPHETAMINE SULFATE  
LIQUADD  
METADATE CD®  
METADATE ER  
METHYLIN  
METHYLIN ER  
METHYLPHENIDATE HCL  
METHYLPHENIDATE SR  
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, Metadate Er, 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

AMLODIPINE BESYLATE-BENAZEPRIL  
AZOR®  
BENAZEPRIL HCL  
BENAZEPRIL HCL-HCTZ  
CAPTOPRIL  
CAPTOPRIL-HYDROCHLOROTHIAZIDE  
DIOVAN HCT®  
DIOVAN®  
ENALAPRIL MALEATE  
ENALAPRIL MALEATE-HCTZ  
EXFORGE HCT®  
EXFORGE®  
FOSINOPRIL SODIUM  
FOSINOPRIL-HYDROCHLOROTHIAZIDE  
LISINOPRIL  
LISINOPRIL-HCTZ  
MICARDIS HCT®  
MICARDIS®  
MOEXIPRIL HCL  
MOEXIPRIL-HYDROCHLOROTHIAZIDE  
QUINAPRIL HCL  
QUINAPRIL-HYDROCHLOROTHIAZIDE  
QUINARETIC  
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, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hctz, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, 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  
GLYBURIDE-METFORMIN HCL  
JANUMET®  
METFORMIN HCL  
METFORMIN HCL ER

### **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. 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 NCPCP number: 75.

## TOPICAL IMMUNOMODULATORS

### Affected Drugs

ALCLOMETASONE DIPROPIONATE  
AMCINONIDE  
BETAMETHASONE DIPROPIONATE  
BETAMETHASONE VALERATE  
BETA-VAL  
CLOBETASOL EMOLLIENT  
CLOBETASOL PROPIONATE  
CORMAX  
DEL-BETA  
DESONIDE  
DESOXIMETASONE  
DIFLORASONE DIACETATE  
ELIDEL®  
FLUOCINOLONE ACETONIDE  
FLUOCINONIDE  
FLUOCINONIDE EMOLLIENT  
FLUTICASONE PROPIONATE  
HALOBETASOL PROPIONATE  
HYDROCORTISONE  
HYDROCORTISONE BUTYRATE  
HYDROCORTISONE VALERATE  
MOMETASONE FUROATE  
PREDNICARBATE  
PROTOPIC®  
TRIAMCINOLONE ACETONIDE  
TRIDERM

### 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

PROBENECID

PROBENECID-COLCHICINE

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 SODIUM  
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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