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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
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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 NCPCP 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 NCPDP 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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