

# 2010 Step Therapy Criteria



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## **ANTIDEPRESSANTS**

### **Affected Drugs**

*citalopram*

*fluoxetine*

*fluvoxamine*

LEXAPRO®

*paroxetine*

PAXIL CR®

*sertraline*

### **Step Therapy Criteria**

This Step Therapy Group is applicable to new starts. Step 1 drugs are generic SSRIs [Selective Serotonin Reuptake Inhibitors]: Citalopram, Fluoxetine, Fluvoxamine, Paroxetine, Paroxetine ER, Sertraline. Step 2 drugs: Lexapro, Paxil CR 37.5mg. The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

## **ANTIDEPRESSANTS, OTHER**

### **Affected Drugs**

EFFEXOR XR®

PRISTIQ®

*venlafaxine*

VENLAFAXINE HCL ER®

### **Step Therapy Criteria**

This Step Therapy Group is applicable to new starts. Step 1 drugs are Venlafaxine, Venlafaxine ER. Step 2 drugs: Pristiq, Effexor XR. The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for the Step 1 drugs is 130 days.

## ANTIHYPERTENSIVE AGENTS

### Affected Drugs

*benazepril*  
*benazepril/amlodipine besylate*  
*benazepril/hctz*  
*captopril*  
*captopril/hctz*  
*enalapril*  
*enalapril maleate/hctz*  
*fosinopril*  
*fosinopril/hctz*  
*lisinopril*  
*lisinopril/hctz*  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
TEKTURNA HCT®  
TEKTURNA®  
*trandolapril*

### Step Therapy Criteria

Step 1 drugs are generic ACE inhibitors, generic ACE inhibitor Thiazide combination products or generic ACE inhibitor Calcium Channel Blocker combination products: Benazepril, Benazepril with HCTZ, Captopril, Captopril with HCTZ, Enalapril, Enalapril with HCTZ, Fosinopril, Fosinopril with HCTZ, Lisinopril, Lisinopril with HCTZ, Moexipril, Moexipril with HCTZ, Perindopril, Quinapril, Quinapril with HCTZ, Trandolapril, Ramipril, Amlodipine with Benazepril. Step 2 drugs: Tekturina, Tekturina with HCTZ. The use of at least one Step 1 drug: generic ACE inhibitor or generic ACE inhibitor combination product is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days. A trial of generic ACE inhibitor or ACE inhibitor combination product is not required if a member has tried ARB or ARB combination product.

## **ANTIMIGRAINE AGENTS**

### **Affected Drugs**

MAXALT MLT®

MAXALT®

*sumatriptan*

ZOMIG ZMT®

ZOMIG®

### **Step Therapy Criteria**

Step 1 drugs are generic sumatriptan oral and injection. Step 2 drugs: Maxalt, Maxalt MLT, Zomig oral, Zomig ZMT. The use of Step 1 drugs is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

## ATYPICAL ANTIPSYCHOTICS

### Affected Drugs

ABILIFY DISCMELT®

ABILIFY®

GEODON®

INVEGA®

*risperidone*

SAPHRIS®

SEROQUEL®

ZYPREXA ZYDIS®

ZYPREXA®

### Step Therapy Criteria

This Step Therapy Group is applicable to new starts. Step 1 drugs are Risperidone, Risperidone ODT. Step 2 drugs: Abilify, Abilify Discmelt, Geodon oral, Invega, Saphris, Seroquel, Zyprexa oral, Zyprexa Zydis. The use of at least one Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

## ATYPICAL ANTIPSYCHOTICS, OTHER

### Affected Drugs

ABILIFY DISCMELT®

ABILIFY®

FANAPT®

GEODON®

INVEGA®

*risperidone*

SEROQUEL®

ZYPREXA ZYDIS®

ZYPREXA®

### Step Therapy Criteria

This Step Therapy Group is applicable to new starts. Step 1 drugs are Risperidone, Risperidone ODT, Abilify oral, Abilify Discmelt, Geodon oral, Invega, Seroquel, Zyprexa oral, Zyprexa Zydis. Step 2 drugs: Fanapt, Fanapt Titration Pack. The use of at least two Step 1 drugs is required prior to the use of Step 2 drugs. A look back period for claims review for Step 1 drugs is 130 days.

## **BISPHOSPHONATES**

### **Affected Drugs**

ACTONEL WITH CALCIUM®

ACTONEL®

*alendronate*

BONIVA®

### **Step Therapy Criteria**

Step 1 drug is generic Bisphosphonate: Alendronate. Step 2 drugs: Actonel, Actonel with Calcium, Boniva oral. The use of a Step 1 drug is required prior to the use of Step 2 drugs. A look back period for claims review for a Step 1 drug is 130 days.

## **CALCIUM CHANNEL BLOCKERS**

### **Affected Drugs**

*amlodipine*  
*benazepril/amlodipine besylate*  
*felodipine*  
*isradipine*  
*nicardipine*  
*nifedipine*  
SULAR®

### **Step Therapy Criteria**

Step 1 drugs are generic Calcium Channel Blockers (Dihydropyridines) or generic Calcium Channel Blocker (Dihydropyridine) ACE inhibitor combination products: Amlodipine, Nifedipine, Nifedipine ER, Felodipine ER, Nicardipine, Isradipine, Amlodipine with Benazepril. Step 2 drug: Sular. The use of at least one Step 1 drug: generic Calcium Channel Blocker (Dihydropyridine) or Calcium Channel Blocker (Dihydropyridine) combination product is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 130 days.

## **GASTROINTESTINAL AGENTS**

### **Affected Drugs**

AMITIZA®

*lactulose*

### **Step Therapy Criteria**

Step 1 drugs are generic Lactulose, Generlac. Step 2 drug: Amitiza. The use of at least one Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for Step 1 drugs is 130 days.

## NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

### Affected Drugs

CELEBREX®

*diclofenac potassium*

*diclofenac sodium*

*diflunisal*

*etodolac*

*ibuprofen*

*indomethacin*

*ketorolac*

*meloxicam*

*nabumetone*

*naproxen*

*naproxen sodium*

*piroxicam*

*sulindac*

### Step Therapy Criteria

Step 1 drugs are generic NSAIDs [Non-steroidal anti-inflammatory drugs]: Ibuprofen, Indomethacin, Indomethacin ER, Ketorolac oral, Naproxen, Naproxen EC, Naproxen Sodium, Piroxicam, Sulindac, Diclofenac Potassium, Diclofenac Sodium EC, Diclofenac Sodium ER, Etodolac, Etodolac ER, Nabumetone, Meloxicam, Diflunisal. Step 2 drugs: Celebrex 100mg and 200mg capsules. The use of at least two Step 1 drugs is required prior to the use of Step 2 Drugs. A look back period for claims review for Step 1 drugs is 130 days.

## **PROTON PUMP INHIBITORS**

### **Affected Drugs**

*omeprazole*

*pantoprazole*

### **Step Therapy Criteria**

Step 1 drug is generic Omeprazole (legend drug). Step 2 drug: Pantoprazole. The use of a Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for a Step 1 drug is 130 days.

## **SEDATIVES HYPNOTICS**

### **Affected Drugs**

LUNESTA®

*zolpidem*

### **Step Therapy Criteria**

Step 1 drug is generic Zolpidem. Step 2 drug: Lunesta. The use of a Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for a Step 1 drug is 130 days.

## **SMOKING CESSATION AGENTS**

### **Affected Drugs**

*bupropion*  
CHANTIX®

### **Step Therapy Criteria**

Step 1 drugs are generic Bupropion SR and Buproban. Step 2 drug: Chantix. The use of a Step 1 drug is required prior to the use of a Step 2 drug. A look back period for claims review for a Step 1 drug is 130 days.

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