

2010 Step Therapy Criteria



ANTIDEPRESSANTS	6
<i>citalopram</i>	6
<i>fluoxetine</i>	6
<i>fluvoxamine</i>	6
LEXAPRO®	6
<i>paroxetine</i>	6
PAXIL CR®.....	6
<i>sertraline</i>	6
ANTIDEPRESSANTS, OTHER	7
EFFEXOR XR®	7
PRISTIQ®.....	7
<i>venlafaxine/er</i>	7
VENLAFAXINE HCL ER®	7
ANTIHYPERTENSIVE AGENTS.....	8
<i>benazepril</i>	8
<i>benazepril/amlodipine besylate</i>	8
<i>benazepril/hctz</i>	8
<i>captopril</i>	8
<i>captopril/hctz</i>	8
<i>enalapril</i>	8
<i>enalapril maleate/hctz</i>	8
<i>fosinopril</i>	8
<i>fosinopril/hctz</i>	8

<i>lisinopril</i>	8
<i>lisinopril/hctz</i>	8
<i>moexipril</i>	8
<i>moexipril/hctz</i>	8
<i>perindopril erbumine</i>	8
<i>quinapril</i>	8
<i>quinapril/hctz</i>	8
<i>ramipril</i>	8
TEKTURNA HCT®.....	8
TEKTURNA®.....	8
<i>trandolapril</i>	8
ANTIMIGRAINE AGENTS.....	9
MAXALT MLT®.....	9
MAXALT®.....	9
<i>sumatriptan</i>	9
ZOMIG ZMT®.....	9
ZOMIG®	9
ATYPICAL ANTIPSYCHOTICS	10
ABILIFY DISCMELT®.....	10
ABILIFY®.....	10
GEODON®	10
INVEGA®.....	10
<i>risperidone</i>	10
SAPHRIS®.....	10
SEROQUEL®	10

ZYPREXA ZYDIS®.....	10
ZYPREXA®.....	10
ATYPICAL ANTIPSYCHOTICS, OTHER.....	11
ABILIFY DISCMELT®.....	11
ABILIFY®.....	11
FANAPT®.....	11
GEODON®.....	11
INVEGA®.....	11
<i>risperidone</i>	11
SEROQUEL®.....	11
ZYPREXA ZYDIS®.....	11
ZYPREXA®.....	11
BISPHOSPHONATES.....	12
ACTONEL WITH CALCIUM®.....	12
ACTONEL®.....	12
<i>alendronate</i>	12
BONIVA®.....	12
CALCIUM CHANNEL BLOCKERS.....	13
<i>amlodipine</i>	13
<i>benazepril/amlodipine besylate</i>	13
<i>felodipine</i>	13
<i>isradipine</i>	13
<i>nicardipine</i>	13
<i>nifedipine</i>	13
SULAR®.....	13

GASTROINTESTINAL AGENTS.....	14
AMITIZA®.....	14
<i>lactulose</i>	14
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS.....	15
CELEBREX®.....	15
<i>diclofenac potassium</i>	15
<i>diclofenac sodium</i>	15
<i>diflunisal</i>	15
<i>etodolac</i>	15
<i>ibuprofen</i>	15
<i>indomethacin</i>	15
<i>ketorolac</i>	15
<i>meloxicam</i>	15
<i>nabumetone</i>	15
<i>naproxen</i>	15
<i>naproxen sodium</i>	15
<i>piroxicam</i>	15
<i>sulindac</i>	15
PROTON PUMP INHIBITORS.....	16
<i>omeprazole</i>	16
<i>pantoprazole</i>	16
SEDATIVES HYPNOTICS.....	17
LUNESTA®.....	17
<i>zolpidem</i>	17
SMOKING CESSATION AGENTS.....	18

<i>bupropion</i>	18
CHANTIX®.....	18
Index	19

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/er

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.

INDEX

ABILIFY DISCMELT®, 10, 11
ABILIFY®, 10, 11
ACTONEL WITH CALCIUM®, 12
ACTONEL®, 12
alendronate, 12
AMITIZA®, 14
amlodipine, 13
benazepril, 8
benazepril/amlodipine besylate, 8, 13
benazepril/hctz, 8
BONIVA®, 12
bupropion, 18
captopril, 8
captopril/hctz, 8
CELEBREX®, 15
CHANTIX®, 18
citalopram, 6
diclofenac potassium, 15
diclofenac sodium, 15
diflunisal, 15
EFFEXOR XR®, 7
enalapril, 8
enalapril maleate/hctz, 8
etodolac, 15
FANAPT®, 11
felodipine, 13
fluoxetine, 6
fluvoxamine, 6
fosinopril, 8
fosinopril/hctz, 8
GEODON®, 10, 11
ibuprofen, 15
indomethacin, 15
INVEGA®, 10, 11
isradipine, 13
ketorolac, 15
lactulose, 14
LEXAPRO®, 6
lisinopril, 8
lisinopril/hctz, 8
LUNESTA®, 17
MAXALT MLT®, 9
MAXALT®, 9
meloxicam, 15
moexipril, 8
moexipril/hctz, 8
nabumetone, 15
naproxen, 15
naproxen sodium, 15
nicardipine, 13
nifedipine, 13
omeprazole, 16
pantoprazole, 16
paroxetine, 6
PAXIL CR®, 6
perindopril erbumine, 8
piroxicam, 15
PRISTIQ®, 7
quinapril, 8
quinapril/hctz, 8
ramipril, 8
risperidone, 10, 11
SAPHRIS®, 10
SEROQUEL®, 10, 11
sertraline, 6
SULAR®, 13
sulindac, 15
sumatriptan, 9
TEKTURNA HCT®, 8
TEKTURNA®, 8
trandolapril, 8
venlafaxine/er, 7
VENLAFAXINE HCL ER®, 7
zolpidem, 17
ZOMIG ZMT®, 9
ZOMIG®, 9
ZYPREXA ZYDIS®, 10, 11
ZYPREXA®, 10, 11