

# 2010 Step Therapy Criteria



ANTIDEPRESSANTS .....	6
<i>citalopram</i> .....	6
<i>fluoxetine</i> .....	6
<i>fluvoxamine</i> .....	6
<i>paroxetine</i> .....	6
<i>paroxetine er</i> .....	6
<i>sertraline</i> .....	6
LEXAPRO® .....	6
PAXIL CR®.....	6
ANTIDEPRESSANTS, OTHER.....	7
<i>venlafaxine</i> .....	7
VENLAFAXINE ER®.....	7
EFFEXOR XR® .....	7
PRISTIQ®.....	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
<i>trandolapril</i> .....	8
TEKTURNA HCT®.....	8
TEKTURNA®.....	8
ANTIMIGRAINE AGENTS.....	9
<i>sumatriptan oral</i> .....	9
<i>sumatriptan inj</i> .....	9
MAXALT MLT®.....	9
MAXALT®.....	9
ZOMIG ZMT®.....	9
ZOMIG® ORAL.....	9
ATYPICAL ANTIPSYCHOTICS.....	10
RISPERDAL M-TAB®.....	10
<i>risperidone</i> .....	10
<i>risperidone odt</i> .....	10
ABILIFY DISCMELT®.....	10
ABILIFY®.....	10

GEODON® ORAL.....	10
INVEGA®.....	10
SAPHRIS®.....	10
SEROQUEL® .....	10
ZYPREXA ZYDIS® .....	10
ZYPREXA® ORAL.....	10
ATYPICAL ANTIPSYCHOTICS, OTHER.....	11
ABILIFY DISCMELT®.....	11
ABILIFY® ORAL .....	11
GEODON® .....	11
INVEGA®.....	11
RISPERDAL M-TAB®.....	11
<i>risperidone</i> .....	11
<i>risperidone odt</i> .....	11
SEROQUEL® .....	11
ZYPREXA ZYDIS® .....	11
ZYPREXA® ORAL.....	11
FANAPT® .....	11
FANAPT® TITRATION PACK.....	11
BISPHOSPHONATES.....	12
<i>alendronate</i> .....	12
ACTONEL WITH CALCIUM® .....	12
ACTONEL® .....	12
BONIVA® ORAL.....	12
CALCIUM CHANNEL BLOCKERS.....	13

<i>amlodipine</i> .....	13
<i>benazepril/amlodipine besylate</i> .....	13
<i>felodipine er</i> .....	13
<i>isradipine</i> .....	13
<i>nicardipine</i> .....	13
<i>nifedipine</i> .....	13
<i>nifedipine er</i> .....	13
SULAR® .....	13
GASTROINTESTINAL AGENTS.....	14
<i>generlac</i> .....	14
<i>lactulose</i> .....	14
AMITIZA® .....	14
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS.....	15
<i>diclofenac potassium</i> .....	15
<i>diclofenac sodium</i> .....	15
<i>diclofenac sodium er</i> .....	15
<i>diflunisal</i> .....	15
<i>etodolac</i> .....	15
<i>etodolac er</i> .....	15
<i>ibuprofen</i> .....	15
<i>indomethacin</i> .....	15
<i>indomethacin er</i> .....	15
<i>ketorolac oral</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
CELEBREX® CAPS 100MG & 200MG.....	15
PROTON PUMP INHIBITORS .....	16
<i>omeprazole</i> .....	16
<i>pantoprazole</i> .....	16
SEDATIVES HYPNOTICS .....	17
<i>zolpidem</i> .....	17
LUNESTA®.....	17
SMOKING CESSATION AGENTS .....	18
<i>bupropion sr</i> .....	18
<i>buproban</i> .....	18
CHANTIX®.....	18

## ANTIDEPRESSANTS

### Affected Drugs

#### STEP 1 DRUGS

*citalopram*

*fluoxetine*

*fluvoxamine*

*paroxetine*

*paroxetine er*

*sertraline*

#### STEP 2 DRUGS

LEXAPRO®

PAXIL CR®

### 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

#### STEP 1 DRUGS

*venlafaxine*

VENLAFAXINE ER®

#### STEP 2 DRUGS

EFFEXOR XR®

PRISTIQ®

### 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

#### STEP 1 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*  
*trandolapril*

#### STEP 2 DRUGS

TEKTURNA HCT®  
TEKTURNA®

### 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

#### STEP 1 DRUGS

*sumatriptan oral*

*sumatriptan inj*

#### STEP 2 DRUGS

MAXALT MLT®

MAXALT®

ZOMIG ZMT®

ZOMIG® ORAL

### 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

#### STEP 1 DRUGS

RISPERDAL M-TAB®

*risperidone*

*risperidone odt*

#### STEP 2 DRUGS

ABILIFY DISCMELT®

ABILIFY®

GEODON® ORAL

INVEGA®

SAPHRIS®

SEROQUEL®

ZYPREXA ZYDIS®

ZYPREXA® ORAL

### Step Therapy Criteria

This Step Therapy Group is applicable to new starts. Step 1 drugs are Risperidone, Risperidone ODT, Risperdal M-tab. 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

#### STEP 1 DRUGS

ABILIFY DISCMELT®

ABILIFY® ORAL

GEODON®

INVEGA®

RISPERDAL M-TAB®

*risperidone*

*risperidone odt*

SEROQUEL®

ZYPREXA ZYDIS®

ZYPREXA® ORAL

#### STEP 2 DRUGS

FANAPT®

FANAPT® TITRATION PACK

### Step Therapy Criteria

This Step Therapy Group is applicable to new starts. Step 1 drugs are Risperidone, Risperidone ODT, Risperdal M-tab, 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**

#### STEP 1 DRUGS

*alendronate*

#### STEP 2 DRUGS

ACTONEL WITH CALCIUM®

ACTONEL®

BONIVA® ORAL

### 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

#### STEP 1 DRUGS

*amlodipine*  
*benazepril/amlodipine besylate*  
*felodipine er*  
*isradipine*  
*nicardipine*  
*nifedipine*  
*nifedipine er*

#### STEP 2 DRUGS

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**

#### STEP 1 DRUGS

*generlac*

*lactulose*

#### STEP 2 DRUGS

AMITIZA®

### 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

#### STEP 1 DRUGS

*diclofenac potassium*  
*diclofenac sodium*  
*diclofenac sodium er*  
*diflunisal*  
*etodolac*  
*etodolac er*  
*ibuprofen*  
*indomethacin*  
*indomethacin er*  
*ketorolac oral*  
*meloxicam*  
*nabumetone*  
*naproxen*  
*naproxen sodium*  
*piroxicam*  
*sulindac*

#### STEP 2 DRUGS

CELEBREX® CAPS 100MG & 200MG

### 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

#### STEP 1 DRUGS

*omeprazole*

#### STEP 2 DRUGS

*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

#### STEP 1 DRUGS

*zolpidem*

#### STEP 2 DRUGS

LUNESTA®

### 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

#### STEP 1 DRUGS

*bupropion sr*

*buproban*

#### STEP 2 DRUGS

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.