



2010 Step Therapy Criteria

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ANTIDEPRESSANTS- SSRI/SNRI

Affected Drugs

CITALOPRAM
CITALOPRAM HBR
CYMBALTA®
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. 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 NCPCP number: 75. This step therapy program applies to new utilizers only.

BISPHOSPHONATES ORAL

Affected Drugs

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. 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 NCPCP number: 75.

CCB - DIHYDROPYRIDINES

Affected Drugs

AFEDITAB CR
AMLODIPINE BESYLATE
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.

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.

OVERACTIVE BLADDER

Affected Drugs

DETROL LA®

DETROL®

ENABLEX®

OXYBUTYNIN CHLORIDE

OXYBUTYNIN CHLORIDE 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): 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

PANTOPRAZOLE SODIUM

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 or Pantoprazole. 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.

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.

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