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ANTIDEPRESSANTS- SNRI

Affected Drugs

STEP 1 DRUGS

citalopram

fluoxetine

fluvoxamine

paroxetine

RAPIFLUX®

sertraline

venlafaxine

STEP 2 DRUGS

CYMBALTA®

PRISTIQ®

SAVELLA®

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 Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SSRI

Affected Drugs

STEP 1 DRUGS

fluoxetine

fluvoxamine

paroxetine

RAPIFLUX®

sertraline

STEP 2 DRUGS

VIIBRYD®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine ER, Rapiflux, Sertraline Hcl. Step 2 Drug(s): Viibryd. Patients who have taken a step 2 SSRI at any time in the past and discontinued its use may receive authorization to restart the step 2 SSRI (whichever they used in the past). Authorization may be given for a step 2 SSRI if the patient is currently taking the requested agent. Authorization may be given for a step 2 drug if the patient is a child or adolescent aged 18 years or less or has suicidal ideation. This step therapy program applies to new utilizers only.

BISPHOSPHONATES ORAL

Affected Drugs

STEP 1 DRUGS

alendronate

STEP 2 DRUGS

BONIVA®

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. Authorization may be given for Boniva, if the patient has an abnormality of the esophagus that delays esophageal emptying (stricture or achalasia).

FENOFIBRATE

Affected Drugs

STEP 1 DRUGS

fenofibrate

STEP 2 DRUGS

LIPOFEN®

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.

LONG ACTING OPIOIDS

Affected Drugs

STEP 1 DRUGS

morphine

STEP 2 DRUGS

OPANA ER®

OXYCONTIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.

OVERACTIVE BLADDER

Affected Drugs

STEP 1 DRUGS

oxybutynin

tropium chloride

STEP 2 DRUGS

ENABLEX®

SANCTURA XR®

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, Trospium Chloride. Step 2 Drug(s): Enablex, Sanctura XR.

PROTON PUMP INHIBITORS

Affected Drugs

STEP 1 DRUGS

lansoprazole

omeprazole

omeprazole/sodium bicarbonat

pantoprazole

STEP 2 DRUGS

NEXIUM®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate. Step 2 Drug(s): Nexium. Authorization may be given for Nexium packet drug for children less than 2 years of age.

SEDATIVE HYPNOTICS

Affected Drugs

STEP 1 DRUGS

zaleplon

zolpidem

STEP 2 DRUGS

ROZEREM®

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. Authorization for Rozerem may be given if the patient has a documented history of addiction to controlled substances.

TOPICAL IMMUNOMODULATORS

Affected Drugs

STEP 1 DRUGS

alclometasone
amcinonide
betameth/propylene glycol
betamethasone dipropionate
betamethasone valerate
clobetasol propionate
desonide
desoximetasone
diflorasone
fluocinolone acetonide
fluocinonide
fluticasone propionate
halobetasol propionate
hydrocortisone
hydrocortisone butyrate
hydrocortisone valerate
mometasone
prednicarbate
triamcinolone acetonide

STEP 2 DRUGS

ELIDEL®
PROTOPIC®

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. Authorization may be given for Elidel or Protopic, if the patient has tried one prescription strength topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Protopic or Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for Protopic or Elidel may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization for Protopic may be given for patients with the following conditions after a trial of a

prescription strength topical corticosteroid: dyshidrotic palmar eczema, pyoderma gangrenosum, orofacial or perineal Crohn's disease, erosive pustular dermatosis, chronic cutaneous graft-vs-host disease (GVHD), chronic actinic dermatitis, allergic contact dermatitis, and bullous pemphigoid. Authorization may be given for Elidel or Protopic, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e.g., azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e.g., tetracycline, metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin). Authorization may be given for Protopic, for severe uremic pruritus if the patient has tried two other therapies for this condition (e.g., emollients, capsaicin, topical corticosteroids, ultraviolet B irradiation).

ULORIC

Affected Drugs

STEP 1 DRUGS

allopurinol

STEP 2 DRUGS

ULORIC®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric. Authorization may be given for Uloric if the patient has tried allopurinol at any time in the past. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).

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