

Step Therapy Criteria

Step Therapy Group
Drug Names
Step Therapy Criteria

ATYPICAL ANTIPSYCHOTICS

FANAPT, INVEGA, SAPHRIS

1. The member has filled a prescription for generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa for at least a 30 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 3. The member is intolerant to or had a confirmed adverse event with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 4. The member has had an inadequate treatment response to at least a 30 day trial of generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa.

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BISPHOSPHONATES

ACTONEL

1. The member has filled a prescription for generic alendronate for at least a 15 day supply in the previous six months OR 2. The member has a documented contraindication to or a potential drug interaction with generic alendronate OR 3. The member is intolerant to or had a confirmed adverse event with generic alendronate OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic

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BPH - ALPHA ADRENERGIC BLOCKER
UROXATRAL

1. The member has filled a prescription for generic doxazosin, tamsulosin or terazosin for at least a 15 day supply in the previous 12 months OR 2. The member has a documented contraindication to or a potential drug interaction with a generic alpha-1 receptor antagonist (doxazosin, tamsulosin or terazosin) OR 3. The member is intolerant to or had a confirmed adverse event with generic doxazosin, tamsulosin or terazosin OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic doxazosin, tamsulosin or terazosin.

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HMG - STATINS
VYTORIN

1. The member has filled a prescription for generic lovastatin, pravastatin or simvastatin for at least a 30 day supply in the previous six months OR 2. The member has a documented contraindication to or a potential drug interaction with a generic HMG (lovastatin, pravastatin or simvastatin) or the member is recently status-post acute coronary syndrome with very high LDL (greater than 190 mg/dL) and is unable to reach goal with the available generic dose OR 3. The member is intolerant to or had a confirmed adverse event with a generic statin OR 4. The member has had an inadequate treatment response to at least a 30 day trial of a generic statin.

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INVEGA SUSTENNA
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1. The member has filled a prescription for risperidone extended-release injection for at least a 30 day supply OR 2. The member has had an inadequate treatment response to at least a 30 day trial of risperidone extended-release injection.

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NASAL STEROIDS SSI
NASONEX, RHINOCORT

1. The member has filled a prescription for generic fluticasone or flunisolide nasal for at least a 15 day supply in the previous six months OR
2. The member has a documented contraindication to or a potential drug interaction with a generic nasal steroid (fluticasone or flunisolide) OR
3. The member is intolerant to or had a confirmed adverse event with a generic nasal steroid OR
4. The member has had an inadequate treatment response to at least a 15 day trial of a generic nasal steroid.

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PROTON PUMP INHIBITORS
PANTOPRAZOLE

1. The member has filled a prescription for generic omeprazole for at least a 15 day supply in the previous six months OR
2. The member has a documented contraindication to or a potential drug interaction with generic omeprazole OR
3. The member is intolerant to or had a confirmed adverse event with generic omeprazole OR
4. The member has had an inadequate treatment response to at least a 15 day trial of generic

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SEDATIVE-HYPNOTICS
LUNESTA

1. The member has filled a prescription for generic zolpidem or zaleplon for at least a 15 day supply in the previous 12 months OR 2. The member has a documented contraindication to or a potential drug interaction with generic zolpidem or zaleplon OR 3. The member is intolerant to or had a confirmed adverse event with generic zolpidem or zaleplon OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic zolpidem or zaleplon.

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TOPICAL IMMUNOSUPPRESSANT
ELIDEL, PROTOPIC

Elidel - member must be 2 years of age or older and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months. Protopic 0.03% - member must be 2 years of age or older and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months. Protopic 0.1% - member must be over 15 years of age and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months.

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ULORIC
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1. The member has filled a prescription for generic allopurinol for at least a 30 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with generic allopurinol OR 3. The member is intolerant to or had a confirmed adverse event with generic allopurinol OR 4. The member has had an inadequate treatment response to at least a 30 day trial of generic allopurinol.