



**Step Therapy Criteria**

Allergic Rhinitis

**Step 1-** PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2. : Astelin, Astepro, Beconase AQ, Cetirizine, Cetirizine-D, Clemastine Fumarate, Cyproheptadine Hcl, Diphenhydramine Hcl, Fluticasone Propionate, Hydroxyzine Hcl, Hydroxyzine Pamoate, Loratadine, Loratadine-D, Nasacort AQ, Nasarel, Nasonex, Palgic, Rhinocort Aqua. **Step 2:** Singulair

Asthma

**Step 1-** PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Advair Diskus, Advair HFA, Aerobid, Aerobid-M, Albuterol Sulfate, Albuterol Sulfate Er, Alupent, Aminophylline, Azmacort, Elixophyllin, Flovent HFA, Intal Inhaler, Lufyllin, Metaproterenol Sulfate, Proair HFA, Qvar, Serevent Diskus, Symbicort, Spiriva Handihaler, Terbutaline Sulfate, Theo-24, Theophylline Cr, Theophylline Er, Theophylline Td, Tilade, Ventolin HFA **Step 2:** Singulair

Amitiza

**Step 1-** PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Peg 3350, Lactulose, Generlac. **Step 2:** Amitiza

Angiotensin Inhibition

**Step 1-** PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Benazepril Hcl, Benazepril Hcl/Hydrochlorothiazide, Captopril, Captopril /Hydrochlorothiazide, Enalapril Maleate, Enalapril Maleate/Hydrochlorothiazide, Fosinopril Sodium, Fosinopriilsodium/Hydrochlorothiazide, Lisinopril, Lisinopril /Hydrochlorothiazide, Quinapril Hcl, Quinaretic, Trandolapril, Ramipril. **Step 2:** Benicar, Benicar Hct, Cozaar, Diovan, Diovan Hct, Hyzaar, Micardis, Micardis Hct

Byetta

**Step 1-** PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Chlorpropamide, Fortamet, Glimepiride, Glipizide, Glipizide Er, Glipizide Xl, Glipizide/Metformin Hcl, Glyburide, Glyburide Micronized, Glyburide/Metformin Hcl, Glycron, Metformin Hcl, Metformin Hcl Er, Prandin, Precose, Starlix, Tolazamide, Tolbutamide. **Step 2:** Byetta

Diabetes	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Chlorpropamide, Fortamet, Glimepiride, Glipizide, Glipizide Er, Glipizide Xl, Glipizide/Metformin Hcl, Glyburide, Glyburide Micronized, Glyburide/Metformin Hcl, Glyceron, Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 50/50, Humulin 70/30, Humulin N, Humulin R, Lantus, Lantus Solostar, Levemir, Metformin Hcl, Metformin Hcl Er, Novolog, Novolog Flexpen, Novolog Mix 70/30, Prandin, Precose, Relion 70/30, Relion 70/30 Innolet, Relion N, Relion N Innolet, Relion R, Starlix, Tolazamide. <b>Step 2:</b> Actos, Avandamet, Avandamet, Avandaryl, Avandia, Duetact</p>
Inflammation	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Diclofenac Potassium, Diclofenac Sodium, Diclofenac Sodium Dr, Diclofenac Sodium Ec, Diclofenac Sodium Er, Diflunisal, Etodolac, Etodolac Er, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Indomethacin Er, Ketoprofen, Ketoprofen Er, Ketorolac Tromethamine, Meloxicam, Nabumetone, Naproxen, Naproxen Dr, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. <b>Step 2:</b> Celebrex</p>
Non-sedating Antihistamines	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Loratadine, Loratadine/Pseudoephedrine, Cetirizine, Cetirizine/Pseudoephedrine. <b>Step 2:</b> Fexofendine, Clarinex D</p>
PPI	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Priolosec Otc, Omeprazole Otc, Omeprazole. <b>Step 2:</b> Prevacid, Nexium, Zegerid</p>
Renin Inhibitors	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS, 1 DRUG FROM EACH CLASS, IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: • <u>ACE-Inhibitors (including combinations with HCTZ)</u> - Benazepril Hcl, Benazepril Hctz, Captopril, Captopril /Hctz, Enalapril Maleate, Enalapril Maleate/Hctz, Fosinopril Sodium, Fosinopril Sodium/Hctz, Lisinopril, Lisinopril /Hctz, Quinapril Hcl, Quinaretic, Trandolapril, Ramipril. • <u>ARBs (including combinations with HCTZ)</u> - Benicar, Benicar Hct, Cozaar, Diovan, Diovan Hct, Hyzaar, Micardis, Micardis Hct. <b>Step 2:</b> Tekturna, Tekturna Hct</p>
Statins, generic first	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Simvastatin, Pravastatin, Lovastatin. <b>Step 2:</b> Lipitor, Crestor</p>

Sprycel	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL THE FOLLOWING DRUG IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Gleevec <b>Step 2:</b> Sprycel  <b>Step Therapy only applies to new starts only. Enrollees stabilized on medication will not be required to go through step therapy.</b></p>
Symlin	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Humalog, Humalog Mix 50/50, Humalog Mix 75/25, Humulin 50/50, Humulin 70/30, Humulin N, Humulin R, Lantus, Lantus Solostar, Levemir, Novolog, Novolog Flexpen, Novolog Mix 70/30, Novolin R, Novolin N, Novolin 70/30, Relion 70/30, Relion 70/30 Innolet, Relion N, Relion N Innolet, Relion R.  <b>Step 2:</b> Symlin</p>
Topical_Immunomodulators	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2:  Alclometasone Dipropionate, Amcinonide, Augmented Betamethasone Dipropionate, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Clobetasol Propionate Emollient, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluticasone, Halobetasol Propionate, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triamcinolone Acetonide In Absorbase. <b>Step 2:</b> Elidel, Protopic</p>
DPP-4 Inhibitors	<p><b>Step 1-</b> PATIENT NEEDS TO HAVE A DOCUMENTED TRIAL OF ANY TWO OF THE FOLLOWING DRUGS IN THE PREVIOUS 120 DAYS BEFORE MOVING TO STEP 2: Fortamet, Glipizide/Metformin Hcl, Glyburide/Metformin Hcl, Metformin Hcl, Metformin Hcl ER. <b>Step 2:</b> Janumet, Januvia</p>