

CY 2012 Step Therapy Criteria

Drug	Formulary Step 1	Formulary Step 2
ANTIHYPERTENSIVE	Trial of any ONE of the following antihypertensives: generic ACE Inhibitor/ ACE inhibitor combinations, or spironolactone, or eplerenone, or generic ARB.	AMTURNIDE, ATACAND, ATACAND HCT, AVALIDE, AVAPRO, AZOR, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, EXFORGE, EXFORGE HCT MICARDIS, MICARDIS HCT, TEKAMLO, TEKTRNA, TEKTRNA HCT, TRIBENZOR
ANTIMIGRAINE	Trial of generic triptan: naratriptan or sumatriptan	BRANDED TRIPTAN (FROVA, MAXALT/MAXALT MLT, RELPAX, OR ZOMIG)
BISPHOSPHONATE	Trial of ONE generic biphosphonate first: alendronate.	ACTONEL, FOSAMAX ORAL SOLUTION, FOSAMAX PLUS D, BONIVA TAB
CELEBREX	Trial of any ONE generic oral NSAID	CELEBREX
CLOZARIL	Trial of two atypical antipsychotics OR two of the following: 1. Lithium, 2. Antipsychotic, 3. Antiepileptic.	CLOZAPINE, FAZACLO
CYMBALTA	Trial of any ONE generic SSRI/SNRI first: citalopram, or fluoxetine, or fluvoxamine, or paroxetine, or paroxetine ER, or sertraline, or venlafaxine. If the patient meets this criteria, Cymbalta will be approved regardless of diagnosis. If the patient does not meet this criteria and a request is submitted, the following exceptions are routinely granted: Cymbalta will be approved first line for a diagnosis of diabetic peripheral neuropathy or fibromyalgia.	CYMBALTA

CY 2012 Step Therapy Criteria

Drug	Formulary Step 1	Formulary Step 2
DYSLIPIDEMICS	Trial of any ONE generic statin.	BRANDED ADVICOR, CADUET, CRESTOR 5MG, CRESTOR 10MG, LIPITOR 10MG, LIPITOR 20MG, LESCOL, SIMCOR, ZETIA, VYTORIN
ENBREL	Trial of any ONE of the following: 1. Methotrexate, 2. Oral Psoralen, 3. Topical Corticosteroid.	Enbrel
FANAPT	Trial and Failure of generic Atypical Antipsychotic (risperidone) for a 30 day supply within the last 6 months.	FANAPT
HUMIRA	ONE of the following: 1. Methotrexate, 2. Oxsooralen Ultra 10 mg Cap, 3. Topical Corticosteroid.	HUMIRA
INCRETIN MIMETICS (INJECTABLE)	One of the following: 1. Sulfonylurea, 2. Metformin, 3. Thiazolidinedione, 4. Metformin/Sulfonylurea combination, 5. Metformin/Thiazolidinedione combination, 6. Insulin.	BYDUREON, BYETTA, VICTOZA
KINERET	ONE of the following: 1. Methotrexate, 2. Oral Psoralen, 3. Topical Corticosteroid.	KINERET
LATUDA	Any ONE of the following: 1. risperidone, 2. ziprasidone, 3. quetiapine, OR 4. olanzapine	LATUDA
NOXAFIL	ONE of the following: 1. Itraconazole, 2. Fluconazole.	NOXAFIL
ORAL ANTIDIABETIC	Any ONE of the following: 1. Metformin, 2. Sulfonylurea, 3. insulin, 4. Actos, 5. ActoplusMet.	AVANDAMET, AVANDARYL, AVANDIA, DUETACT, GLYSET, JANUMET/JANUMET XR, JANUVIA, KOMBIGLYZE XR, ONGLYZA

CY 2012 Step Therapy Criteria

Drug	Formulary Step 1	Formulary Step 2
PROTON PUMP INHIBITOR	ONE generic PPI (omeprazole, pantoprazole, lansoprazole)	BRANDED PPI: ACIPHEX, NEXIUM, ZEGERID, PROTONIX IV
RANEXA	ONE of the following: 1. Amlodipine, 2. Beta-blocker, 3. Long acting Nitrate.	RANEXA
SINGULAIR/ACCOLATE	ONE of the following: 1.Oral non-sedating antihistamine, 2. Inhaled nasal corticosteroid, 3. Generic zafirlukast.	SINGULAIR
SPRYCEL	Gleevec	SPRYCEL
SSRI, SNRI	Trial of any ONE generic SSRI/SNRI: citalopram, or fluoxetine, or fluvoxamine, or paroxetine, or paroxetine ER, or sertraline, or venlafaxine.	LEXAPRO, PRISTIQ, VIIBRYD
TASIGNA	Gleevec	TASIGNA
TOPICAL IMMUNOSUPPRESSANT	Trial of <u>any TWO</u> topical corticosteroids first Step 2: Protopic or Elidel	PROTOPIC OR ELIDEL
XIFAXAN	Trial of any ONE of the following: Lactulose, ciprofloxacin, neomycin, clindamycin, oral vancomycin or metronidazole	XIFAXAN
XOLAIR	Inhaled Corticosteroid <u>AND One</u> of the following: 1. Long acting beta agonist, 2. Leukotriene antagonist, 3. Theophylline, 4. Oral Corticosteroid. Step 2: Xolair	XOLAIR
ZOLINZA	Systemic Corticosteroid AND Methotrexate	ZOLINZA