

2011 PremierCare Formulary

Step Therapy Criteria



Step Therapy Criteria

<i>Step Therapy Group</i>	ABILIFY ODT
<i>Drug Names</i>	ABILIFY DISCMELT
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF ABILIFY TABS WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	ALPHA ADRENERGICS
<i>Drug Names</i>	UROXATRAL
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF TAMSULOSIN WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	ALPHA REDUCTASE
<i>Drug Names</i>	AVODART
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF FINASTERIDE WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	ANTICHOLINERGIC
<i>Drug Names</i>	DETROL, DETROL LA, SANCTURA XR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL 30 DAY SUPPLY OF OXYBUTYNIN WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	ANTICOAGULANTS
<i>Drug Names</i>	PRADAXA
<i>Step Therapy Criteria</i>	PREVIOUS USE OF WARFARIN HAS BEEN INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED
<i>Step Therapy Group</i>	ARB
<i>Drug Names</i>	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, DIOVAN, DIOVAN HCT, LOSARTAN POTASSIUM, LOSARTAN POTASSIUM/HYDROC, MICARDIS, MICARDIS HCT, TEKTRUNA, TEKTRUNA HCT
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF LOSARTAN AND BENICAR WITHIN THE PAST 180 DAYS

Step Therapy Group BETA BLOCKER
Drug Names LEVATOL
Step Therapy Criteria PATIENT MUST FILL A 30 DAY SUPPLY OF TWO OF THE FOLLOWING: ATENOLOL, BISPPROLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL, TIMOLOL WITHIN THE PAST 120 DAYS

Step Therapy Group CALCIUM CHANNEL
Drug Names DYNACIRC CR
Step Therapy Criteria PATIENT MUST FILL A 30 DAY SUPPLY OF TWO OF THE FOLLOWING: AMLODIPINE, DILTIAZEM, FELODIPINE, ISRADIPINE, NIFEDIPINE, VERAPAMIL WITHIN THE PAST 120 DAYS

Step Therapy Group CARBONIC ANHYDRASE
Drug Names AZOPT
Step Therapy Criteria PATIENT MUST FILL A 60 DAY SUPPLY OF DORZOLAMIDE WITHIN THE LAST 180 DAYS

Step Therapy Group CHOLINESTERASE
Drug Names ARICEPT, ARICEPT ODT, EXELON
Step Therapy Criteria PATIENT MUST FILL A 30 DAY SUPPLY OF GALANTAMINE WITHIN THE LAST 180 DAYS.

Step Therapy Group DIABETIC
Drug Names ACTOPLUS MET, ACTOPLUS MET XR, ACTOS, AVANDAMET, AVANDARYL, AVANDIA, DUETACT, JANUMET, JANUVIA, ONGLYZA
Step Therapy Criteria PATIENT MUST FILL A 90 DAY SUPPLY OF METFORMIN WITHIN THE PAST 120 DAYS

Step Therapy Group ELIDEL
Drug Names ELIDEL
Step Therapy Criteria PATIENT MUST FILL A 30 DAY SUPPLY OF ONE GENERIC TOPICAL STEROID (BETAMETHASONE, CLOBETASOL, DESONIDE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE, TRIAMCINOLONE) WITHIN THE PAST 120 DAYS

Step Therapy Group FENOFIBRATE
Drug Names TRICOR
Step Therapy Criteria PATIENT MUST FILL A 60 DAY SUPPLY OF FENOFIBRATE WITHIN THE PAST 120 DAYS

Step Therapy Group HYPNOTICS
Drug Names LUNESTA
Step Therapy Criteria PATIENT MUST HAVE A 30 DAY SUPPLY OF BOTH ZALEPLON AND ZOLPIDEM WITHIN THE PAST 120 DAYS

Step Therapy Group INHALED CORTICOSTEROID
Drug Names AEROBID-M, ASMANEX 120 METERED DOSES, ASMANEX 14 METERED DOSES, ASMANEX 30 METERED DOSES, ASMANEX 60 METERED DOSES, FLOVENT DISKUS, FLOVENT HFA
Step Therapy Criteria PATIENT MUST FILL A 30 DAY SUPPLY OF QVAR AND PULMICORT WITHIN THE PAST 180 DAYS

Step Therapy Group KEPPRA XR
Drug Names KEPPRA XR
Step Therapy Criteria PATIENT MUST HAVE FILLED A 60 DAYS SUPPLY OF LEVETIRACETAM WITHIN THE PAST 120 DAYS

Step Therapy Group LATUDA
Drug Names LATUDA
Step Therapy Criteria PREVIOUS USE OF RISPERIDONE, SEROQUEL, GEODON OR ZYPREXA HAS BEEN INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED

Step Therapy Group OMEGA-3
Drug Names LOVAZA
Step Therapy Criteria PATIENT MUST HAVE FILLED A 60 DAY SUPPLY OF A GENERIC STATIN (LOVASTATIN, PRAVASTATIN, SIMVASTATIN) AND GEMFIBROZIL OR GENERIC FENOFIBRATE WITHIN THE PAST 120 DAYS

<i>Step Therapy Group</i>	OPHTHALMIC PROSTAGLANDINS
<i>Drug Names</i>	XALATAN
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF BOTH LUMIGAN AND TRAVATAN WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	PROTON PUMP INHIBITORS
<i>Drug Names</i>	ACIPHEX, NEXIUM
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF OMEPRAZOLE AND PANTOPRAZOLE OR LANSOPRAZOLE WITHIN THE LAST 120 DAYS.
<i>Step Therapy Group</i>	SNRI
<i>Drug Names</i>	EFFEXOR XR, PRISTIQ
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF VENLAFAXINE XR TABLS WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	SSRI'S
<i>Drug Names</i>	LEXAPRO, PAXIL CR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL 30 DAY SUPPLY OF TWO OR MORE GENERIC SSRIS (CITALOPRAM, FLUOXETINE, FLUVOXAMINE, PAROXETINE, PAROXETINE CR, SERTRALINE) WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	STATINS
<i>Drug Names</i>	CRESTOR, LESCOL, LESCOL XL, LIPITOR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL 60 DAY SUPPLY OF A GENERIC STATIN AND PATIENT MUST FILL 60 DAY SUPPLY OF VYTORIN WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	STAVZOR
<i>Drug Names</i>	STAVZOR
<i>Step Therapy Criteria</i>	PATIENT MUST HAVE FILLED A 60 DAYS SUPPLY OF DIVALPROEX, DIVALPROEX ER, OR VALPROIC ACID WITHIN 120 DAYS
<i>Step Therapy Group</i>	TEGRETOL XR
<i>Drug Names</i>	TEGRETOL-XR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF TWO OR MORE OF THE FOLLOWING (CARBAMAZEPINE, DIVALPROEX, PHENYTOIN, LEVETIRACETAM, LAMOTRIGINE, VALPROIC ACID) WITHIN THE LAST 120 DAYS

Step Therapy Group TRIPTAN
Drug Names MAXALT, MAXALT-MLT, RELPAX, ZOMIG, ZOMIG ZMT
Step Therapy Criteria PATIENT MUST HAVE FILLED A 10 DAY SUPPLY OF SUMATRIPTAN WITHIN THE PAST 120 DAYS

Step Therapy Group XIFAXAN
Drug Names XIFAXAN
Step Therapy Criteria PREVIOUS USE OF LACTULOSE WAS INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED

Step Therapy Group ZMAX
Drug Names ZMAX
Step Therapy Criteria PATIENT MUST FILL A 10 DAY SUPPLY OF TWO OR MORE OF THE FOLLOWING (AZITHROMYCIN, ERYTHROMYCIN, CLARITHROMYCIN) WITHIN THE PAST 120 DAYS