

## 2012 Step Therapy Criteria

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description
Amitiza	Amitiza Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim	AMITIZA	Step Therapy Applies
		LACTULOSE	Step Therapy Applies
Angiotensin Renin Blockers	Angiotensin Renin Blockers Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a	AMLODIPINE BESYLATE/BENAZEPRIL HCL	Step Therapy Applies
		AMLODIPINE BESYLATE/BENAZEPRIL	Step Therapy Applies
		BENAZEPRIL HCL	Step Therapy Applies
		BENAZEPRIL HCL/HYDROCHLOROTHIAZID	Step Therapy Applies
		BENICAR	Step Therapy Applies
		BENICAR HCT	Step Therapy Applies
		CAPTOPRIL	Step Therapy Applies
		CAPTOPRIL/HYDROCHLORO THIAZIDE	Step Therapy Applies
		ENALAPRIL MALEATE	Step Therapy Applies
		ENALAPRIL MALEATE/HYDROCHLOROT	Step Therapy Applies
		FOSINOPRIL SODIUM	Step Therapy Applies
		FOSINOPRIL SODIUM/HYDROCHLOROTHI	Step Therapy Applies

		LISINOPRIL	Step Therapy Applies
		LISINOPRIL/HYDROCHLOROTHIAZIDE	Step Therapy Applies
		LOSARTAN POTASSIUM	Step Therapy Applies
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Step Therapy Applies
		MOEXIPRIL HCL	Step Therapy Applies
		MOEXIPRIL/HYDROCHLOROTHIAZIDE	Step Therapy Applies
		QUINAPRIL HCL	Step Therapy Applies
		QUINAPRIL/HYDROCHLOROTHIAZIDE	Step Therapy Applies
		RAMIPRIL	Step Therapy Applies
		TRANDOLAPRIL	Step Therapy Applies
Cardiovascular Agents Misc. Antianginal Agents	Cardiovascular Agents Misc. Antianginal Agents Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 180	ACEBUTOLOL HCL	Step Therapy Applies
		AFEDITAB CR	Step Therapy Applies
		AMLODIPINE BESYLATE	Step Therapy Applies
		AMLODIPINE BESYLATE/BENAZEPRIL HCL	Step Therapy Applies
		AMLODIPINE BESYLATE/BENAZEPRIL	Step Therapy Applies
		ATENOLOL	Step Therapy Applies
		ATENOLOL/CHLORTHALIDONE	Step Therapy Applies
		BETAXOLOL HCL	Step Therapy Applies
		BIDIL	Step Therapy Applies
		BISOPROLOL FUMARATE	Step Therapy Applies

BISOPROLOL FUMARATE/HYDROCHLORO	Step Therapy Applies
BYSTOLIC	Step Therapy Applies
CARTIA XT	Step Therapy Applies
CARVEDILOL	Step Therapy Applies
COREG CR	Step Therapy Applies
DILT-CD	Step Therapy Applies
DILTIAZEM CD	Step Therapy Applies
DILTIAZEM HCL	Step Therapy Applies
DILTIAZEM HCL ER	Step Therapy Applies
DILT-XR	Step Therapy Applies
DILTZAC	Step Therapy Applies
FELODIPINE ER	Step Therapy Applies
ISOCHRON	Step Therapy Applies
ISOSORBIDE DINITRATE	Step Therapy Applies
ISOSORBIDE DINITRATE ER	Step Therapy Applies
ISOSORBIDE MONONITRATE	Step Therapy Applies
ISOSORBIDE MONONITRATE ER	Step Therapy Applies
ISRADIPINE	Step Therapy Applies
LABETALOL HCL	Step Therapy Applies
MATZIM LA	Step Therapy Applies

METOPROLOL SUCCINATE ER	Step Therapy Applies
METOPROLOL TARTRATE	Step Therapy Applies
METOPROLOL/HYDROCHLOROTHIAZIDE	Step Therapy Applies
MINITRAN	Step Therapy Applies
NADOLOL	Step Therapy Applies
NADOLOL/BENDROFLUMETHIAZIDE	Step Therapy Applies
NICARDIPINE HCL	Step Therapy Applies
NIFEDIAC CC	Step Therapy Applies
NIFEDICAL XL	Step Therapy Applies
NIFEDIPINE	Step Therapy Applies
NIFEDIPINE ER	Step Therapy Applies
NIMODIPINE	Step Therapy Applies
NISOLDIPINE	Step Therapy Applies
NITRO-BID	Step Therapy Applies
NITROGLYCERIN	Step Therapy Applies
NITROGLYCERIN LINGUAL	Step Therapy Applies
NITROGLYCERIN TRANSDERMAL	Step Therapy Applies
NITROLINGUAL PUMPSPRAY	Step Therapy Applies
NITROSTAT	Step Therapy Applies
PINDOLOL	Step Therapy Applies

		PROPRANOLOL HCL	Step Therapy Applies
		PROPRANOLOL HCL ER	Step Therapy Applies
		PROPRANOLOL/HYDROCHLOROTHIAZIDE	Step Therapy Applies
		RANEXA	Step Therapy Applies
		TAZTIA XT	Step Therapy Applies
		TIMOLOL MALEATE	Step Therapy Applies
		VERAPAMIL HCL	Step Therapy Applies
		VERAPAMIL HCL ER	Step Therapy Applies
		VERAPAMIL HCL SR	Step Therapy Applies
Diabetic Agents	Diabetic Agents Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid	ACTOPLUS MET	Step Therapy Applies
		ACTOS	Step Therapy Applies
		BYETTA	Step Therapy Applies
		CHLORPROPAMIDE	Step Therapy Applies
		GLIMEPIRIDE	Step Therapy Applies
		GLIPIZIDE	Step Therapy Applies
		GLIPIZIDE ER	Step Therapy Applies
		GLIPIZIDE/METFORMIN HCL	Step Therapy Applies
		GLYBURIDE	Step Therapy Applies
		GLYBURIDE MICRONIZED	Step Therapy Applies
		GLYBURIDE/METFORMIN HCL	Step Therapy Applies

		GLYCRON	Step Therapy Applies
		JANUMET	Step Therapy Applies
		JANUVIA	Step Therapy Applies
		METFORMIN HCL	Step Therapy Applies
		METFORMIN HCL ER	Step Therapy Applies
		RIOMET	Step Therapy Applies
		SYMLIN	Step Therapy Applies
		SYMLINPEN 120	Step Therapy Applies
		SYMLINPEN 60	Step Therapy Applies
		TOLAZAMIDE	Step Therapy Applies
		VICTOZA	Step Therapy Applies
Fosrenol	Fosrenol Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 90 days as evidenced by a previous paid claim	CALCIUM ACETATE	Step Therapy Applies
		FOSRENOL	Step Therapy Applies
		REVELA	Step Therapy Applies
NSAID COX-2	NSAID COX-2 Step Therapy Requirements - The member must have tried a 30 day supply or more of at least two Step-1 medications within the same step therapy group within the previous 90 days as evidenced by a previous paid	CELEBREX	Step Therapy Applies
		DICLOFENAC POTASSIUM	Step Therapy Applies
		DICLOFENAC SODIUM	Step Therapy Applies
		DICLOFENAC SODIUM EC	Step Therapy Applies
		DICLOFENAC SODIUM XR	Step Therapy Applies
		DIFLUNISAL	Step Therapy Applies

ETODOLAC	Step Therapy Applies
ETODOLAC ER	Step Therapy Applies
FENOPROFEN CALCIUM	Step Therapy Applies
FLURBIPROFEN	Step Therapy Applies
IBUPROFEN	Step Therapy Applies
INDOCIN	Step Therapy Applies
INDOMETHACIN	Step Therapy Applies
INDOMETHACIN ER	Step Therapy Applies
KETOPROFEN	Step Therapy Applies
KETOPROFEN ER	Step Therapy Applies
KETOROLAC TROMETHAMINE	Step Therapy Applies
MECLOFENAMATE SODIUM	Step Therapy Applies
MELOXICAM	Step Therapy Applies
NABUMETONE	Step Therapy Applies
NAPROXEN	Step Therapy Applies
NAPROXEN DR	Step Therapy Applies
NAPROXEN SODIUM	Step Therapy Applies
OXAPROZIN	Step Therapy Applies
PIROXICAM	Step Therapy Applies
SULINDAC	Step Therapy Applies

		TOLMETIN SODIUM	Step Therapy Applies
SNRI Antidepressants	SNRI Antidepressants Step Therapy Requirements – The member must have tried a 30 day supply or more of at least two Step-1 medications within the same step therapy group within the previous 90 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. For the SNRI Antidepressants	BUDEPRION SR	Step Therapy Applies to New Starts Only
		BUDEPRION XL	Step Therapy Applies to New Starts Only
		BUPROPION HCL	Step Therapy Applies to New Starts Only
		BUPROPION HCL SR	Step Therapy Applies to New Starts Only
		CITALOPRAM HYDROBROMIDE	Step Therapy Applies to New Starts Only
		FLUOXETINE DR	Step Therapy Applies to New Starts Only
		FLUOXETINE HCL	Step Therapy Applies to New Starts Only
		FLUVOXAMINE MALEATE	Step Therapy Applies to New Starts Only
		MIRTAZAPINE	Step Therapy Applies to New Starts Only
		MIRTAZAPINE ODT	Step Therapy Applies to New Starts Only
		PAROXETINE HCL	Step Therapy Applies to New Starts Only
		PAROXETINE HCL ER	Step Therapy Applies to New Starts Only

		SERTRALINE HCL	Step Therapy Applies to New Starts Only
		TRAZODONE HCL	Step Therapy Applies to New Starts Only
		VENLAFAXINE HCL	Step Therapy Applies to New Starts Only
		VENLAFAXINE HCL ER	Step Therapy Applies to New Starts Only
		VIIIBRYD	Step Therapy Applies to New Starts Only
Topical NSAIDs	Topical NSAIDs Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 365 days as evidenced by a previous paid	DICLOFENAC POTASSIUM	Step Therapy Applies
		DICLOFENAC SODIUM	Step Therapy Applies
		DICLOFENAC SODIUM EC	Step Therapy Applies
		DICLOFENAC SODIUM XR	Step Therapy Applies
		DIFLUNISAL	Step Therapy Applies
		ETODOLAC	Step Therapy Applies
		ETODOLAC ER	Step Therapy Applies
		FENOPROFEN CALCIUM	Step Therapy Applies
		FLURBIPROFEN	Step Therapy Applies
		IBUPROFEN	Step Therapy Applies
		INDOCIN	Step Therapy Applies
		INDOMETHACIN	Step Therapy Applies

INDOMETHACIN ER	Step Therapy Applies
KETOPROFEN	Step Therapy Applies
KETOPROFEN ER	Step Therapy Applies
KETOROLAC TROMETHAMINE	Step Therapy Applies
MECLOFENAMATE SODIUM	Step Therapy Applies
MELOXICAM	Step Therapy Applies
NABUMETONE	Step Therapy Applies
NAPROXEN	Step Therapy Applies
NAPROXEN DR	Step Therapy Applies
NAPROXEN SODIUM	Step Therapy Applies
OXAPROZIN	Step Therapy Applies
PIROXICAM	Step Therapy Applies
SALSALATE	Step Therapy Applies
SULINDAC	Step Therapy Applies
TOLMETIN SODIUM	Step Therapy Applies
VOLTAREN	Step Therapy Applies
AMITRIPTYLINE HCL	Step Therapy Applies to New Starts Only
AMOXAPINE	Step Therapy Applies to New Starts Only

Tricyclic Antidepressants

Tricyclic Antidepressants Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 90 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use.

		CHLORDIAZEPOXIDE/AMITRIPTYLINE	Step Therapy Applies to New Starts Only
		CLOMIPRAMINE HCL	Step Therapy Applies to New Starts Only
		DESIPRAMINE HCL	Step Therapy Applies to New Starts Only
		DOXEPIN HCL	Step Therapy Applies to New Starts Only
		IMIPRAMINE HCL	Step Therapy Applies to New Starts Only
		IMIPRAMINE PAMOATE	Step Therapy Applies to New Starts Only
		NORTRIPTYLINE HCL	Step Therapy Applies to New Starts Only
		PERPHENAZINE/AMITRIPTYLINE	Step Therapy Applies to New Starts Only
		PROTRIPTYLINE HCL	Step Therapy Applies to New Starts Only
		SURMONTIL	Step Therapy Applies to New Starts Only
Uloric	Uloric Step Therapy Requirements - The member must have tried a 30 day supply or more of at least one Step-1 medication within the same step therapy group within the previous 90 days as evidenced by a previous paid claim	ALLOPURINOL	Step Therapy Applies
		ALLOPURINOL SODIUM	Step Therapy Applies
		ULORIC	Step Therapy Applies

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