

2012 Step Therapy Criteria

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description
Atypical Antipsychotics	Atypical Antipsychotic 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. For the Atypical Antipsychotic	FANAPT	Step Therapy Applies to New Starts Only
		FAZACLO	Step Therapy Applies to New Starts Only
		GEODON	Step Therapy Applies to New Starts Only
		INVEGA	Step Therapy Applies to New Starts Only
		LATUDA	Step Therapy Applies to New Starts Only
		RISPERIDONE	Step Therapy Applies to New Starts Only
		RISPERIDONE M-TAB	Step Therapy Applies to New Starts Only
		RISPERIDONE ODT	Step Therapy Applies to New Starts Only
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
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
EXFORGE	Step Therapy Applies
EXFORGE HCT	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
NISOLDIPINE ER	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
CALCIUM ACETATE	Step Therapy Applies
FOSRENOL	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

		REVELA	Step Therapy Applies
Incretin Mimetics	Incretin Mimetics Step Therapy Requirements - The member must have tried a 30 day supply or more of metformin and one other Step-1 medication or a product containing a combination of metformin and one other Step-1	ACARBOSE	Step Therapy Applies
		ACTOPLUS MET	Step Therapy Applies
		ACTOS	Step Therapy Applies
		BYETTA	Step Therapy Applies
		CHLORPROPAMIDE	Step Therapy Applies
		DUETACT	Step Therapy Applies
		GLIMEPIRIDE	Step Therapy Applies
		GLIPIZIDE	Step Therapy Applies
		GLIPIZIDE ER	Step Therapy Applies
		GLIPIZIDE XL	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
		GLYSET	Step Therapy Applies
		JANUMET	Step Therapy Applies
		JANUVIA	Step Therapy Applies
METFORMIN HCL	Step Therapy Applies		

		METFORMIN HCL ER	Step Therapy Applies
		NATEGLINIDE	Step Therapy Applies
		PRANDIN	Step Therapy Applies
		RIOMET	Step Therapy Applies
		TOLAZAMIDE	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
AMLODIPINE BESYLATE/BENAZEPRIL HCL	Step Therapy Applies
AMLODIPINE BESYLATE/BENAZEPRIL	Step Therapy Applies
AMTURNIDE	Step Therapy Applies
AVALIDE	Step Therapy Applies
AVAPRO	Step Therapy Applies
BENAZEPRIL HCL	Step Therapy Applies
BENAZEPRIL HCL/HYDROCHLOROTHIAZID	Step Therapy Applies
CAPTOPRIL	Step Therapy Applies

Renin Inhibitors

Renin Inhibitors 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

CAPTOPRIL/HYDROCHLORO THIAZIDE	Step Therapy Applies
DIOVAN	Step Therapy Applies
DIOVAN HCT	Step Therapy Applies
ENALAPRIL MALEATE	Step Therapy Applies
ENALAPRIL MALEATE/HYDROCHLOROT	Step Therapy Applies
EXFORGE	Step Therapy Applies
EXFORGE HCT	Step Therapy Applies
FOSINOPRIL SODIUM	Step Therapy Applies
FOSINOPRIL SODIUM/HYDROCHLOROTHI	Step Therapy Applies
LISINOPRIL	Step Therapy Applies
LISINOPRIL/HYDROCHLOROT HIAZIDE	Step Therapy Applies
LOSARTAN POTASSIUM	Step Therapy Applies
LOSARTAN POTASSIUM/HYDROCHLORO	Step Therapy Applies
MOEXIPRIL HCL	Step Therapy Applies
MOEXIPRIL/HYDROCHLORO THIAZIDE	Step Therapy Applies
QUINAPRIL HCL	Step Therapy Applies
QUINAPRIL/HYDROCHLOROT HIAZIDE	Step Therapy Applies
RAMIPRIL	Step Therapy Applies
TEKAMLO	Step Therapy Applies
TEKTURNA	Step Therapy Applies

		TEKTURNA HCT	Step Therapy Applies
		TRANDOLAPRIL	Step Therapy Applies
		VALTURNA	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
		VIIBRYD	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

Step Number

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