



HEALTH PLANS®



Step Therapy

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS LEON 2017

Products Affected

- Desvenlafaxine Er
- Fetzima
- Fetzima Titration Pack
- Khedezla
- Paxil SUSP
- Pristiq
- Trintellix
- Viibryd
- Viibryd Starter Pack

Details

Criteria	Step-1 Drugs: bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: desvenlafaxine er, Fetzima, Khedezla, Paxil Suspension, Pristiq, Trintellix and Viibryd. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
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ANTIGOUT AGENTS 2017

Products Affected

- Uloric

Details

Criteria	Step-1 Drug: allopurinol and alopriim. Step-2 Drug: Uloric. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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BETA-ADRENERGIC BLOCKING AGENTS 2017

Products Affected

- Coreg Cr

Details

Criteria	Step-1 Drug: carvedilol tabs. Step-2 Drug: Coreg CR. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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FIBRINIC ACID DERIVATIVES 2017

Products Affected

- Antara CAPS 30MG, 90MG
- Fenofibrate TABS 120MG, 40MG

Details

Criteria	Step-1 Drugs: fenofibrate 43mg, 48mg, 50mg, 54mg, 67mg, 130mg, 134mg, 145mg, 150mg, 160mg, 200mg and fenofibrinic acid 35mg, 45mg, 105mg, 135mg and gemfibrozil. Step-2 Drugs: Antara, fenofibrate 40mg and 120mg. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
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METABOLIC BONE DISEASE AGENTS 2017

Products Affected

- Binosto
- Fosamax Plus D
- Risedronate Sodium
- Risedronate Sodium Dr

Details

Criteria	Step-1 Drugs: alendronate sodium tablets and solution, and ibandronate sodium tablets. Step-2 Drugs: Binosto, Fosamax Plus D and risedronate sodium tablets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Paget's Disease, in which case the member would only need to try a 30 day supply of alendronate within the previous 180 days before risedronate would be covered.
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OPHTHALMIC ANTIGLAUCOMA AGENTS 2017

Products Affected

- Azopt

Details

Criteria	Step-1 Drug: dorzolamide. Step-2 Drug: Azopt (brinzolamide). The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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OPHTHALMIC ANTIHISTAMINES 2017

Products Affected

- Alocril
- Azelastine Hcl OPHTHALMIC SOLN 0.05%
- Emadine
- Epinastine Hcl
- Pataday
- Pazeo

Details

Criteria	Step-1 Drugs: ketotifen fumarate OTC and olopatadine 0.1%. Step-2 Drugs: Alocril (nedocromil), azelastine, Emadine (emedastine), epinastine, Pataday (olopatadine 0.2%) and Pazeo (olopatadine 0.7%). The member must have tried a 30 day supply or more of at least two Step-1 drugs 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. Step-2 drugs are not covered unless the above step therapy criteria are met.
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PROTON PUMP INHIBITORS 2017

Products Affected

- Aciphex Sprinkle
- Dexilant
- Omeprazole/sodium Bicarbonate PACK
- Protonix PACK
- Zegerid PACK

Details

Criteria	Step-1 Drugs: esomeprazole magnesium, lansoprazole, Rx omeprazole, pantoprazole and rabeprazole. Step-2 Drugs: Aciphex Sprinkle (rabeprazole), Dexilant, Protonix Granules (pantoprazole), and Omeprazole/Sodium Bicarbonate packets. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the indication is risk reduction of upper GI bleed in the critically ill, in which case step therapy for omeprazole/sodium bicarbonate 40mg/1680mg packets does not apply.
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TOPICAL ANTIFUNGAL DRUGS 2017

Products Affected

- Ciclopirox GEL
- Ciclopirox SHAM
- Ertaczo
- Luzu
- Naftifine Hcl
- Naftifine Hydrochloride
- Oxiconazole Nitrate
- Oxistat LOTN

Details

Criteria	Step-1 Drugs: ciclopirox 0.77% topical suspension, ciclopirox 0.77% cream, ciclopirox 8% solution, clotrimazole OTC, ketoconazole 2% cream, ketoconazole 2% shampoo and miconazole OTC. Step-2 Drugs: ciclopirox 0.77% gel, ciclopirox 1% shampoo, Ertaczo, Luzu 1% cream, naftifine 1% cream, naftifine 2% cream, oxiconazole nitrate 1% cream and Oxistat 1% lotion. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 130 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
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TOPICAL ANTI-INFLAMMATORIES 2017

Products Affected

- Desoximetasone CREA
- Desoximetasone GEL
- Desoximetasone OINT

Details

Criteria	Step-1 Drugs: fluocinonide (ointment, gel, cream), fluocinonide-E cream, mometasone (cream, ointment), triamcinolone (cream, lotion, ointment) and Triderm cream. Step-2 Drug: desoximetasone (cream, gel, ointment). The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
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