

Step Therapy Group Desc	Drugs Name	Step Therapy Criteria
ANALGESICS, NARCOTICS	KADIAN	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS.
ANTICONVULSANTS	BANZEL VIMPAT	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, VALPROIC ACID, VALPROATE, TOPIRAMIDE, OR ZONISAMIDE) WITHIN THE PAST 120 DAYS.
ANTIDIABETIC AGENTS INSULINS	LEVEMIR	PRIOR CLAIM FOR INSULIN GLARGINE (LANTUS OR LANTUS SOLOSTAR) WITHIN THE PAST 120 DAYS.
ANTIPSYCHOTIC AGENTS	FANAPT FAZACLO INVEGA LATUDA SAPHRIS	PRIOR CLAIM FOR RISPERIDONE TABLET, RISPERIDONE DISINTEGRATING TABLET, CLOZAPINE TABLET, CLOZAPINE ORAL DISINTEGRATING TABLET, OLANZAPINE TABLET, OLANZAPINE ORAL DISINTEGRATING TABLET, OR IMMEDIATE RELEASE QUETIAPINE FUMARATE WITHIN THE PAST 120 DAYS.
ANTIULCER AGENTS	DEXILANT LANSOPRAZOLE	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND OMEPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
B VERSUS D ADMINISTRATIVE STEP	CYCLOPHOSPHAMIDE METHOTREXATE TREXALL	PRIOR CLAIM FOR A RHEUMATOID ARTHRITIS DRUG WITHIN THE PAST 120 DAYS.
BISPHOSPHONATES	ACTONEL BONIVA	PRIOR CLAIM FOR GENERIC ALENDRONATE OR FOSAMAX ORAL SOLUTION WITHIN THE PAST 120 DAYS.
CONTRACEPTIVES	NUVARING ORTHO EVRA	PRIOR CLAIM FOR A GENERIC ORAL 21 OR 28 DAY CONTRACEPTIVE WITHIN THE PAST 120 DAYS. DOES NOT INCLUDE PLAN B OR PLAN B-ONE STEP OR THEIR GENERICS.

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COPD	DALIRESP	PRIOR CLAIM FOR INHALED TIOTROPIUM (SPIRIVA) AND AN INHALED LONG ACTING BETA AGONIST OR AN INHALED LONG ACTING BETA AGONIST COMBINATION WITHIN THE LAST 365 DAYS.
DIPEPTIDYL PEPTIDASE-4 ENZYME INHIBITORS	JANUMET JANUVIA KOMBIGLYZE XR ONGLYZA	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS.
HYPERURICEMIC AGENTS	ULORIC	PRIOR CLAIM FOR ALLOPURINOL OR COLCHICINE WITHIN THE PAST 120 DAYS
KETOLIDES	KETEK	PRIOR CLAIM FOR A MACROLIDE WITHIN THE PAST 120 DAYS.
LHRH AGONISTS	LUPRON DEPOT LUPRON DEPOT-PED TRELSTAR	PRIOR CLAIM FOR ELIGARD (LEUPROLIDE) WITHIN THE PAST 120 DAYS.
MEGLITINIDES	PRANDIMET PRANDIN	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE), GLIPIZIDE/METFORMIN (METAGLIP) OR A FORMULARY ORAL SULFONYLUREA (E.G., GLYBURIDE, GLIPIZIDE) WITHIN THE PAST 120 DAYS.
MIOTICS/OTHER INTRAOCULAR PRESSURE REDUCERS	BETIMOL	PRIOR CLAIM FOR A GENERIC OR FORMULARY BRAND MIOTIC/OTHER INTRAOCULAR PRESSURE REDUCER OR LATANOPROST (XALATAN) WITHIN THE PAST 120 DAYS.
MULTIPLE SCLEROSIS AGENTS	BETASERON EXTAVIA	PRIOR CLAIM FOR REBIF (INTERFERON BETA-1A) OR AVONEX (INTERFERON BETA-1A) OR COPAXONE (GLATIRAMIR ACETATE) WITHIN THE PAST 120 DAYS.
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	CELEBREX	PRIOR CLAIM FOR ONE (1) NON-STEROIDAL ANTI-INFLAMMATORY AGENTS WITHIN THE PAST 120 DAYS.

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OPHTHALMIC ANTIHISTAMINES	PATADAY	PRIOR CLAIM FOR PRESCRIPTION FEXOFENADINE, LEVOCETIRIZINE OR CROMOLYN SODIUM EYE DROPS WITHIN THE PAST 120 DAYS.
OPHTHALMIC MAST CELL STABILIZERS	ALAMAST	PRIOR CLAIM FOR OPHTHALMIC CROMOLYN SODIUM WITHIN THE PAST 120 DAYS.
RENIN ANGIOTENSION SYSTEM INHIBITORS	AZOR BENICAR BENICAR HCT DIOVAN DIOVAN HCT EXFORGE EXFORGE HCT TRIBENZOR	PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR), OR ACE INHIBITOR COMBINATION OR A GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), OR GENERIC ARB COMBINATION WITHIN THE PAST 120 DAYS.
SELECTIVE SEROTONIN REUPTAKE-INHIBITORS (SSRIS)	LEXAPRO LUVOX CR	PRIOR CLAIM FOR PAROXETINE (PAXIL), FLUOXETINE (PROZAC), CITALOPRAM (CELEXA), FLUVOXAMINE (LUVOX) OR SERTRALINE (ZOLOFT) WITHIN THE PAST 120 DAYS.
SEROTONIN 5-HT AGONISTS	MAXALT MAXALT MLT RELPAX	PRIOR CLAIM FOR GENERIC SUMATRIPTAN OR NARATRIPTAN IN THE LAST 180 DAYS.
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIBITORS (SNRIS)	PRISTIQ	PRIOR CLAIM FOR PAROXETINE (PAXIL), FLUOXETINE (PROZAC), SERTRALINE (ZOLOFT), CITALOPRAM (CELEXA), FLUVOXAMINE (LUVOX) OR VENLAFAXINE (EFFEXOR IMMEDIATE RELEASE) WITHIN THE PAST 120 DAYS.
THIAZOLIDINEDIONES	ACTOPLUS MET ACTOPLUS MET XR ACTOS AVANDAMET AVANDARYL AVANDIA DUETACT	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE), GLIPIZIDE/METFORMIN (METAGLIP) OR A FORMULARY ORAL SULFONYLUREA (E.G., GLYBURIDE, GLIPIZIDE) WITHIN THE PAST 120 DAYS.

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TOPICAL NSAID THERAPY AGENTS	VOLTAREN	PRIOR CLAIM FOR AN ORAL NON-STEROIDAL ANTI- INFLAMMATORY AGENT (E.G., IBUPROFEN, NAPROSYN) WITHIN THE PAST 120 DAYS.