



# Senior Whole Health 2010 Step Therapy Algorithms

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## **ARB**

### **Affected Drugs**

ATACAND HCT®  
ATACAND®  
AVALIDE®  
AVAPRO®  
BENICAR HCT®  
BENICAR®  
COZAAR®  
DIOVAN HCT®  
DIOVAN®  
HYZAAR®  
MICARDIS HCT®  
MICARDIS®  
TEKTURNA HCT®  
TEKTURNA®  
TEVETEN HCT®  
TEVETEN®

### **Step Therapy Criteria**

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Cozaar, Diovan, Diovan Hct, Hyzaar, Micardis, Micardis Hct.

Step 2 Drug(s): Atacand, Atacand Hct, Avalide, Avapro, Benicar, Benicar Hct, Teveten, Teveten Hct, Tekturna, Tekturna HCT.

Number of days for claims review for select or first line drugs: 270 days.

History effective date: 270 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use form ARB or ARB-HCTZ first"".

Override allowed: Yes. Override NCPDP number: 75.



## **AVODART**

### **Affected Drugs**

AVODART®  
FINASTERIDE

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Finasteride.

Step 2 Drug(s): Avodart.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use finasteride first"".

Override allowed: Yes. Override NCPCP number: 75.

## **BONIVA**

### **Affected Drugs**

ACTONEL WITH CALCIUM®  
ACTONEL®  
ALENDRONATE SODIUM  
BONIVA®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given.

Step 1 Drug(s): Alendronate Sodium.

Step 2 Drug(s): Actonel, Actonel With Calcium.

Step 3 Drug(s): Boniva.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Alendronate first Actonel 2nd"".

Override allowed: Yes. Override NCPCP number: 75.

## **CADUET**

### **Affected Drugs**

AMLODIPINE BESYLATE  
CADUET®  
LOVASTATIN  
PRAVASTATIN SODIUM  
SIMVASTATIN

### **Step Therapy Criteria**

If the patient has tried Amlodipine Besylate with any other Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin.

Step 2 Drug(s): Caduet.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use amodipine, HMG first"".

Override allowed: Yes. Override NCPCP number: 75.

## **CCBARB**

### **Affected Drugs**

AMLODIPINE BESYLATE  
AZOR®  
COZAAR®  
DIOVAN HCT®  
DIOVAN®  
HYZAAR®  
MICARDIS HCT®  
MICARDIS®

### **Step Therapy Criteria**

If the patient has tried Amlodipine Besylate with any other Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Cozaar, Diovan, Diovan Hct, Hyzaar, Micardis, Micardis Hct.

Step 2 Drug(s): Azor

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use amlodipine, ARB first"".

Override allowed: Yes. Override NCPCP number: 75.

## **FENOFIBRATE**

### **Affected Drugs**

ANTARA®  
FENOFIBRATE  
LIPOFEN®  
TRICOR®  
TRILIPIX®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given

Step 1 Drug(s): Fenofibrate.

Step 2 Drug(s): Lipofen.

Step 3 Drug(s): Antara, Tricor, Trilipix.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use generic fenofibrate first"".

Override allowed: Yes. Override NCPCP number: 75.

## FENTANYL

### Affected Drugs

APAP-CAFFEINE-DIHYDROCODEINE	METHADOSE
CO-GESIC	MORPHINE SULFATE
ENDOCET	OXYCODONE HCL
FENTANYL	OXYCODONE HCL-
FENTANYL CITRATE	ACETAMINOPHEN
FENTORA®	OXYCODONE HCL-IBUPROFEN
HYDROCODONE BIT-IBUPROFEN	OXYCODONE-ACETAMINOPHEN
HYDROCODONE-	OXYCODONE-ASPIRIN
ACETAMINOPHEN	OXYCONTIN®
HYDROMORPHONE HCL	ROXICET
LEVORPHANOL TARTRATE	ROXICET®
MARGESIC H	STAGESIC
MEPERIDINE HCL	SUBOXONE®
METHADONE HCL	SUBUTEX®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given.

Step 1 Drugs (s): Any Class II or III narcotic analgesic

Step 2 Drug(s): Fentanyl 12.5mcg or 25mcg

Step 3 Drug(s): Fentanyl 50mcg, 75mcg, or 100mcg.

Number of days for claims review for select or first line drugs: 30 days.

History effective date: 60 days prior to effective date.

Grandfathering: 60 days.

On-line Pharmacy Message: ""USE ORAL AGENT FIRST"".

Override allowed: Yes. Override NCPDP number: 75.

## **HMG**

### **Affected Drugs**

ADVICOR®  
CRESTOR®  
LIPITOR®  
LOVASTATIN  
PRAVASTATIN SODIUM  
SIMVASTATIN  
VYTORIN®

### **Step Therapy Criteria**

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. If the patient has tried two Step 2 drugs, then authorization for a Step 3 drug may be given.

Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin.

Step 2 Drug(s): Crestor, Lipitor.

Step 3 Drug(s): Vytorin.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use generic HMG first"". Override allowed: Yes.

Override NCPCP number: 75.

## **HUMULIN**

### **Affected Drugs**

HUMALOG®  
HUMULIN N®  
HUMULIN R®  
NOVOLIN N INNOLET®  
NOVOLIN N®  
NOVOLIN R®  
NOVOLOG®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Novolin N, Novolin R, Novolog

Step 2 Drug(s): Humalog, Humulin N, Humulin R.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use Novolin or Novolog first"".

Override allowed: Yes. Override NCPCP number: 75.

## HYPNOTICS

### Affected Drugs

AMBIEN CR®  
LUNESTA®  
ROZEREM®  
ZALEPLON  
ZOLPIDEM TARTRATE

### Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Rozerem, Zaleplon, Zolpidem Tartrate.

Step 2 Drug(s): Ambien Cr, Lunesta.

Number of days for claims review for select or first line drugs: 270 days.

History effective date: 270 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use generic hypnotics first"".

Override allowed: Yes. Override NCPCP number: 75.

## LYRICA

### Affected Drugs

GABAPENTIN

LYRICA®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Patients also on any Seizure Medication or Diabetic medications will be allowed Lyrica with no step requirement. Fibromyalgia diagnosis from prescribing physician will be approved with no step therapy requirement.

Step 1 Drug(s): Gabapentin.

Step 2 Drug(s): Lyrica.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Call Dr, use Gabapentin first"".

Override allowed: Yes. Override NCPCP number: 75.

This step therapy will apply to new starts only.

## **NASAL STEROIDS**

### **Affected Drugs**

FLUNISOLIDE  
FLUTICASONE PROPIONATE  
NASONEX®  
VERAMYST®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Flunisolide, Fluticasone Propionate.

Step 2 Drug(s): Nasonex, Veramyst.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use generic sprays firs"".

Override allowed: Yes. Override NCPDP number: 75.



## OTHER ANTIDEPRESSANTS

### Affected Drugs

CITALOPRAM	PAROXETINE HCL
CITALOPRAM HBR	PRISTIQ®
CYMBALTA®	SAVELLA®
EFFEXOR XR®	SERTRALINE HCL
FLUOXETINE HCL	SYMBYAX®
FLUVOXAMINE MALEATE	VENLAFAXINE HCL
LEXAPRO®	VENLAFAXINE HCL ER®

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Sertraline Hcl, Venlafaxine Hcl Tablets.

Step 2 Drug(s): Cymbalta, Effexor Xr, Lexapro, Pristiq, Savella, Symbyax.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use generic SSRI first"".

Override allowed: Yes. Override NCPDP number: 75.

This step therapy program applies to new utilizers only.

## **OVERACTIVE BLADDER**

### **Affected Drugs**

DETROL LA®  
ENABLEX®  
OXYBUTYNIN CHLORIDE  
OXYBUTYNIN CHLORIDE ER  
OXYTROL®  
SANCTURA XR®  
SANCTURA®  
VESICARE®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given.

Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er.

Step 2 Drug(s): Detrol La, Enablex, Oxytrol, Sanctura.

Step 3 Drug(s): Sanctura Xr, Vesicare.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use Oxybutynin, Sanctura first"".

Override allowed: Yes. Override NCPDP number: 75.

## **PPI**

### **Affected Drugs**

ACIPHEX®  
NEXIUM®  
OMEPRAZOLE  
PANTOPRAZOLE SODIUM  
PREVACID®  
PROTONIX®  
ZEGERID®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given.

Step 1 Drug(s): Omeprazole, Pantoprazole Sodium.

Step 2 Drug(s): Nexium.

Step 3 Drug(s): Aciphex, Prevacid, Zegerid.

Number of days for claims review for select or first line drugs: 270 days.

History effective date: 270 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use omeprazole, pantoprazole first"".

Override allowed: Yes. Override NCPDP number: 75.

## TARKA

### Affected Drugs

BENAZEPRIL HCL	MOEXIPRIL HCL
BENAZEPRIL HCL-HCTZ	MOEXIPRIL-HCTZ
CAPTOPRIL	QUINAPRIL HCL
CAPTOPRIL-HCTZ	QUINAPRIL-HCTZ
ENALAPRIL MALEATE	QUINARETIC
ENALAPRIL MALEATE-HCTZ	RAMIPRIL
FOSINOPRIL SODIUM	TARKA®
FOSINOPRIL-HCTZ	TRANDOLAPRIL
LISINOPRIL	VERAPAMIL ER
LISINOPRIL-HCTZ	VERAPAMIL HCL

### Step Therapy Criteria

If the patient has tried Varapamil (Er or IR) and any other Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-HCTZ, Enalapril Maleate, Enalapril Maleate-hctz, Fosinopril Sodium, Fosinopril-HCTZ, Lisinopril, Lisinopril-hctz, Moexipril Hcl, Moexipril-HCTZ, Quinapril Hcl, Quinapril-HCTZ, Quinaretic, Ramipril, Trandolapril

Step 2 Drug(s): Tarka.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use verapamil and generic ACE first"".

Override allowed: Yes. Override NCPDP number: 75.

## TOPICAL DERMATOLOGICAL DRUGS

### Affected Drugs

AMCINONIDE	ELIDEL®
BETAMETHASONE DIPROPIONATE	FLUOCINOLONE ACETONIDE FLUOCINONIDE
BETAMETHASONE VALERATE	FLUOCINONIDE EMOLLIENT
BETA-VAL	FLUTICASONE PROPIONATE
CLOBETASOL EMOLLIENT	HALOBETASOL PROPIONATE
CLOBETASOL PROPIONATE	HYDROCORTISONE BUTYRATE
DEL-BETA	HYDROCORTISONE VALERATE
DESONIDE	ISOVATE®
DESOXIMETASONE	MOMETASONE FUROATE
DIFLORASONE DIACETATE	TRIAMCINOLONE ACETONIDE

### Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Beta-val, Clobetasol Emollient, Clobetasol Propionate, Del-beta, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone Butyrate, Hydrocortisone Valerate, Isovate, Mometasone Furoate, Triamcinolone Acetonide.

Step 2 Drug(s): Elidel.

Number of days for claims review for select or first line drugs: 60 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Call Dr, use Rx topical steroid first"".

Override allowed: Yes. Override NCPCP number: 75.



## **TRIPTANS**

### **Affected Drugs**

MAXALT MLT®

SUMATRIPTAN SUCCINATE

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Sumatriptan Succinate.

Step 2 Drug(s): Maxalt

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use Sumatriptan first"".

Override allowed: Yes. Override NCPCP number: 75.



## **WELCHOL**

### **Affected Drugs**

CHOLESTYRAMINE  
CHOLESTYRAMINE LIGHT  
COLESTIPOL HCL  
PREVALITE  
WELCHOL®

### **Step Therapy Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Cholestyramine, Cholestyramine Light, Colestipol Hcl, Prevalite.

Step 2 Drug(s): Welchol.

Number of days for claims review for select or first line drugs: 130 days.

History effective date: 130 days prior to effective date.

Grandfathering: 130 days.

On-line Pharmacy Message: ""Use Colestipol or Cholestyramine first"".

Override allowed: Yes. Override NCPCP number: 75.

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