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APIDRA

Affected Drugs

APIDRA SOLOSTAR®

APIDRA®

HUMALOG®

HUMULIN N®

HUMULIN R®

NOVOLIN N®

NOVOLIN R®

NOVOLOG®

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, Humalog, Humulin N, Humulin R. Step 2 Drug(s): Apidra. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use Novolin or Novolog first". Override allowed: Yes. Override NCPCP number: 75.

ARB

Affected Drugs

ATACAND HCT®

ATACAND®

AVALIDE®

AVAPRO®

BENICAR HCT®

BENICAR®

DIOVAN HCT®

DIOVAN®

losartan

losartan /hctz

MICARDIS HCT®

MICARDIS®

TEKTURNA HCT®

TEKTURNA®

TEVETEN HCT®

TEVETEN®

If the patient has tried one Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drugs: Losartan, Losartan HCT, Diovan, Diovan Hct, 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 first or second line drugs: 270 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use form ARB or ARB-HCTZ first". Override allowed: Yes. Override NCPCP number: 75.

AVANDIA

Affected Drugs

ACTOPLUS MET®

ACTOS®

AVANDAMET®

AVANDARYL®

AVANDIA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Actos, ActoPlus Met. Step 2 Drug(s): Avandia, Avandaryl, Avandamet. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use Actos product first". Override allowed: Yes. Override NCPCP number: 75.

BISPHOSPHONATES

Affected Drugs

ACTONEL®

alendronate

BONIVA 150 MG TABLET®

BONIVA 3 MG/3 ML SYRINGE®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate Sodium, Boniva IV. Step 2 Drug(s): Actonel, Boniva. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Alendronate first Actonel 2nd". Override allowed: Yes. Override NCPCP number: 75.

FENOFIBRATE

Affected Drugs

ANTARA®

fenofibrate

LIPOFEN®

LOFIBRA®

TRICOR®

TRILIPIX®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fenofibrate. Step 2 Drug(s): Lipofen, Lofibra, Antara, Tricor, Trilipix. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic fenofibrate first". Override allowed: Yes. Override NCPCP number: 75.

FENTANYL

Affected Drugs

buprenorphine

dihydrocodeine/apap/caffeine

fentanyl 100 mcg/hr patch

fentanyl 12 mcg/hr patch

fentanyl 25 mcg/hr patch

fentanyl 50 mcg/hr patch

fentanyl 75 mcg/hr patch

fentanyl citrate

FENTORA®

hydrocodone bitartrate/apap

hydrocodone bitartrate/ibuprof

hydromorphone

levorphanol

methadone

METHADOSE®

morphine

oxycodone

oxycodone/acetaminophen

oxycodone/aspirin

oxycodone/ibuprofen

OXYCONTIN®

ROXICET®

SUBOXONE®

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. Grandfathering: 60 days. On-line Pharmacy Message: "USE ORAL AGENT FIRST". Override allowed: Yes. Override NCPCP number: 75.

HMG

Affected Drugs

CRESTOR®

LIPITOR®

LIVALO®

lovastatin

pravastatin

simvastatin

VYTORIN®

If the patient has tried a Step 1 drug, 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, Livalo. 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.

HYPNOTICS

Affected Drugs

AMBIEN CR®

ROZEREM®

zaleplon

zolpidem

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. Number of days for claims review for select or first line drugs: 270 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic hypnotics first". Override allowed: Yes. Override NCPCP number: 75.

INVEGA SUSTENNA

Affected Drugs

INVEGA SUSTENNA®

INVEGA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Invega tablets. Step 2 Drug(s): Invega Sustena Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use Invega Tabs First". Override allowed: Yes. Override NCPDP number: 75.

NASAL STEROIDS

Affected Drugs

BECONASE AQ®

flunisolide

fluticasone propionate

NASACORT AQ®

NASONEX®

OMNARIS®

RHINOCORT AQUA®

VERAMYST®

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, Nasonex. Step 2 Drug(s): Veramyst, Beconase AQ, Nasacort AQ, Omnaris, Rhinocort Aqua. Number of days for claims review for select or first line drugs: 360 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic sprays or Nasonex first". Override allowed: Yes. Override NCPCP number: 75.

OTHER ANTIDEPRESSANTS

Affected Drugs

citalopram

fluoxetine

fluvoxamine

LEXAPRO®

paroxetine

PRISTIQ®

sertraline

SYMBYAX®

venlafaxine

VENLAFAXINE HCL ER®

VIIBRYD®

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): Lexapro, Pristiq, Symbyax, Viibryd. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic SSRI [Selective Serotonin Reuptake Inhibitor] first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

OVERACTIVE BLADDER

Affected Drugs

DETROL LA®

ENABLEX®

oxybutynin

OXYTROL®

SANCTURA XR®

trospium chloride

VESICARE®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er, Trospium. Step 2 Drug(s): Detrol La, Enablex, Oxytrol, Sanctura Xr, Vesicare. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use oxybutynin, trospium 1st". Override allowed: Yes. Override NCPCP number: 75.

PPI

Affected Drugs

ACIPHEX®

lansoprazole

NEXIUM®

omeprazole

pantoprazole

PREVACID®

PROTONIX®

ZEGERID®

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, Lansoprazole. Step 2 Drug(s): Nexium. Step 3 Drug(s): Aciphex, Zegerid, Prevacid Solutabs, Protonix Suspension. Number of days for claims review for select or first line drugs: 270 days. On-line Pharmacy Message: "Use omeprazole, pantoprazole, Lansoprazole first". Override allowed: Yes. Override NCPDP number: 75.

TOPICAL DERMATOLOGICAL DRUGS

Affected Drugs

amcinonide

betameth/propylene glycol

betamethasone dipropionate

betamethasone valerate

clobetasol propionate

desonide

desoximetasone

diflorasone

ELIDEL®

fluocinolone acetonide

fluocinonide

fluticasone propionate

halobetasol propionate

hydrocortisone butyrate

hydrocortisone valerate

mometasone

triamcinolone acetonide

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, 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: 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

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. Grandfathering: 130 days. On-line Pharmacy Message: "Use Sumatriptan first". Override allowed: Yes. Override NCPDP number: 75.

ULORIC

Affected Drugs

allopurinol

ULORIC®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric. Number of days for claims review for select or first line drugs: 130 days. Grandfathering: 130 days. On-line Pharmacy Message: "Use allopurinol first". Override allowed: Yes. Override NCPCP number: 75.

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