



## 2013 Step Therapy (ST) Criteria

Some drugs require step therapy pre-approval. This means that your doctor must have you first try a different drug to treat your medical condition before we will cover a drug that needs step therapy pre-approval.

Below you will find a table of drugs that require step therapy pre-approval. If you find your drug on this list, talk to your doctor about what other drugs you could try first.

To see if your drug is on the list, refer to the table of contents below for the step therapy criteria you are looking for, or refer to the index located at the end of this document for the medication you are looking for.

### TABLE OF CONTENTS

ALPHA BLOCKERS .....	13
<i>alfuzosin hcl</i> .....	13
<i>doxazosin</i> .....	13
<i>tamsulosin</i> .....	13
<i>terazosin</i> .....	13
CARDURA XL® .....	13
CARDURA®.....	13
FLOMAX® .....	13
RAPAFLO® .....	13
UROXATRAL® .....	13
ANTIDEPRESSANTS - SSRI.....	14
<i>citalopram</i> .....	14
<i>escitalopram oxalate</i> .....	14
<i>fluoxetine</i> .....	14
<i>fluvoxamine</i> .....	14
<i>paroxetine</i> .....	14
<i>sertraline</i> .....	14

Updated: 11/2013

Y0026\_123248 Approved 09/25/2012

Page 1 of 54

Group Health Incorporated (GHI), GHI HMO Select, Inc. (GHI HMO), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies, EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

2013 Step Therapy (ST) Criteria

CELEXA®.....	14
FLUOXETINE HCL®.....	14
LEXAPRO®.....	14
LUVOX CR®.....	14
PAXIL CR®.....	14
PAXIL®.....	14
PEXEVA®.....	14
PROZAC WEEKLY®.....	14
PROZAC®.....	14
VIIBRYD®.....	14
ZOLOFT®.....	14
ANTIDEPRESSANTS - SSRI (SARAFEM).....	15
<i>fluoxetine</i> .....	15
SARAFEM®.....	15
ANTIDEPRESSANTS-BUPROPION.....	16
<i>bupropion</i> .....	16
APLENZIN®.....	16
FORFIVO XL®.....	16
WELLBUTRIN SR®.....	16
WELLBUTRIN XL®.....	16
BILE ACID SEQUESTRANTS.....	17
<i>cholestyramine/aspartame</i> .....	17
<i>colestipol</i> .....	17
COLESTID®.....	17
QUESTRAN®.....	17
WELCHOL®.....	17
BRAND NSAIDS.....	18
<i>diclofenac potassium</i> .....	18
<i>diclofenac sodium</i> .....	18
<i>diclofenac sodium/misoprostol</i> .....	18
<i>etodolac</i> .....	18
<i>fenoprofen</i> .....	18
<i>flurbiprofen</i> .....	18
<i>ibuprofen</i> .....	18
<i>indomethacin</i> .....	18
<i>ketoprofen</i> .....	18
<i>ketorolac</i> .....	18
<i>lansoprazole</i> .....	18
<i>meclofenamate</i> .....	18
<i>mefenamic acid</i> .....	18
<i>meloxicam</i> .....	18
<i>nabumetone</i> .....	18
<i>naproxen</i> .....	18
<i>naproxen sodium</i> .....	18
<i>omeprazole</i> .....	18
<i>oxaprozin</i> .....	18

## 2013 Step Therapy (ST) Criteria

<i>pantoprazole</i> .....	18
<i>piroxicam</i> .....	18
<i>sulindac</i> .....	18
<i>tolmetin</i> .....	18
ANAPROX DS®.....	18
ANAPROX®.....	18
ARTHROTEC 50®.....	18
ARTHROTEC 75®.....	18
CAMBIA® .....	18
CATAFLAM® .....	18
CLINORIL®.....	18
DAYPRO®.....	18
DUEXIS®.....	18
EC-NAPROSYN®.....	18
FELDENE®.....	18
FLECTOR®.....	18
INDOCIN®.....	18
MOBIC® .....	18
NALFON®.....	18
NAPRELAN®.....	18
NAPROSYN®.....	18
PENNSAID®.....	18
PONSTEL® .....	18
SPRIX® .....	18
VIMOVO®.....	18
VOLTAREN®.....	18
VOLTAREN-XR®.....	18
ZIPSOR®.....	18
CCB - DIHYDROPYRIDINES.....	20
<i>amlodipine</i> .....	20
<i>benazepril/amlodipine besylate</i> .....	20
<i>felodipine</i> .....	20
<i>isradipine</i> .....	20
<i>nicardipine</i> .....	20
<i>nifedipine</i> .....	20
<i>nisoldipine</i> .....	20
ADALAT CC®.....	20
NORVASC®.....	20
PROCARDIA XL®.....	20
SULAR® .....	20
CCB - VERAPAMIL.....	21
<i>verapamil</i> .....	21
CALAN SR® .....	21
CALAN® .....	21
COVERA-HS®.....	21
VERELAN PM® .....	21

2013 Step Therapy (ST) Criteria

VERELAN® .....	21
COX-2 .....	22
ANAPROX DS®.....	22
ANAPROX®.....	22
CATAFLAM® .....	22
CLINORIL®.....	22
DAYPRO®.....	22
<i>diclofenac potassium</i> .....	22
<i>diclofenac sodium</i> .....	22
<i>diclofenac sodium/misoprostol</i> .....	22
DUEXIS®.....	22
EC-NAPROSYN®.....	22
<i>etodolac</i> .....	22
FELDENE®.....	22
<i>fenoprofen</i> .....	22
<i>flurbiprofen</i> .....	22
<i>ibuprofen</i> .....	22
INDOCIN®.....	22
<i>indomethacin</i> .....	22
<i>ketoprofen</i> .....	22
<i>ketorolac</i> .....	22
<i>meclofenamate</i> .....	22
<i>mefenamic acid</i> .....	22
<i>meloxicam</i> .....	22
MOBIC® .....	22
<i>nabumetone</i> .....	22
NALFON®.....	22
NAPRELAN®.....	22
NAPROSYN®.....	22
<i>naproxen</i> .....	22
<i>naproxen sodium</i> .....	22
<i>oxaprozin</i> .....	22
<i>piroxicam</i> .....	22
PONSTEL® .....	22
SPRIX® .....	22
<i>sulindac</i> .....	22
<i>tolmetin</i> .....	22
VOLTAREN-XR®.....	22
ZIPSOR®.....	22
CELEBREX® .....	22
ENHANCED ARB.....	24
<i>benazepril</i> .....	24
<i>benazepril/amlodipine besylate</i> .....	24
<i>benazepril/hctz</i> .....	24
<i>candesartan cilexetil</i> .....	24
<i>candesartan cilexetil/hctz</i> .....	24

2013 Step Therapy (ST) Criteria

<i>captopril</i> .....	24
<i>captopril/hctz</i> .....	24
<i>enalapril</i> .....	24
<i>enalapril maleate/hctz</i> .....	24
<i>eprosartan mesylate</i> .....	24
<i>fosinopril</i> .....	24
<i>fosinopril/hctz</i> .....	24
<i>hctz/valsartan</i> .....	24
<i>irbesartan</i> .....	24
<i>irbesartan/hctz</i> .....	24
<i>lisinopril</i> .....	24
<i>lisinopril/hctz</i> .....	24
<i>losartan</i> .....	24
<i>losartan /hctz</i> .....	24
<i>moexipril</i> .....	24
<i>moexipril/hctz</i> .....	24
<i>perindopril erbumine</i> .....	24
<i>quinapril</i> .....	24
<i>quinapril/hctz</i> .....	24
<i>ramipril</i> .....	24
<i>trandolapril</i> .....	24
AZOR® .....	24
BENICAR HCT®.....	24
BENICAR® .....	24
DIOVAN® .....	24
EXFORGE HCT® .....	24
EXFORGE®.....	24
TRIBENZOR®.....	24
ATACAND HCT®.....	24
ATACAND®.....	24
AVALIDE®.....	24
AVAPRO® .....	24
COZAAR® .....	24
DIOVAN HCT® .....	24
EDARBI®.....	24
EDARBYCLOR®.....	24
HYZAAR®.....	24
MICARDIS HCT® .....	24
MICARDIS®.....	24
TEVETEN HCT® .....	24
TEVETEN®.....	24
TWYNSTA®.....	24
ENHANCED BISPHOSPHONATES ORAL.....	26
<i>alendronate</i> .....	26
<i>ibandronate</i> .....	26
ACTONEL® .....	26

## 2013 Step Therapy (ST) Criteria

ATELVIA® .....	26
BONIVA®.....	26
BINOSTO®.....	26
FOSAMAX PLUS D®.....	26
FOSAMAX®.....	26
ENHANCED FENOFIBRATE .....	27
<i>fenofibrate</i> .....	27
<i>fenofibric acid</i> .....	27
TRILIPIX®.....	27
ANTARA®.....	27
FENOGLIDE®.....	27
FIBRICOR®.....	27
LIPOFEN®.....	27
LOFIBRA®.....	27
TRICOR® .....	27
ENHANCED OPHTHALMIC PROSTAGLANDINS.....	28
<i>latanoprost</i> .....	28
<i>travoprost</i> .....	28
LUMIGAN®.....	28
TRAVATAN Z®.....	28
RESCULA®.....	28
XALATAN®.....	28
ZIOPTAN®.....	28
ENHANCED OVERACTIVE BLADDER .....	29
<i>oxybutynin</i> .....	29
<i>tolterodine tartrate</i> .....	29
<i>tropium chloride</i> .....	29
ENABLEX®.....	29
GELNIQUE®.....	29
DETROL LA® .....	29
DETROL®.....	29
DITROPAN XL® .....	29
MYRBETRIQ®.....	29
OXYTROL®.....	29
SANCTURA XR®.....	29
SANCTURA®.....	29
TOVIAZ®.....	29
VESICARE®.....	29
ENHANCED SEDATIVE HYPNOTICS.....	30
<i>zaleplon</i> .....	30
<i>zolpidem</i> .....	30
LUNESTA®.....	30
ROZEREM® .....	30
AMBIEN CR® .....	30
AMBIEN® .....	30
EDLUAR®.....	30

2013 Step Therapy (ST) Criteria

INTERMEZZO®.....	30
SILENOR® .....	30
SONATA® .....	30
ZOLPIMIST® .....	30
HMG RULE 1 .....	31
<i>atorvastatin calcium</i> .....	31
<i>fluvastatin</i> .....	31
<i>lovastatin</i> .....	31
<i>pravastatin</i> .....	31
<i>simvastatin</i> .....	31
CRESTOR®.....	31
HMG RULE 2 .....	32
<i>atorvastatin calcium</i> .....	32
CRESTOR®.....	32
<i>fluvastatin</i> .....	32
<i>lovastatin</i> .....	32
<i>pravastatin</i> .....	32
<i>simvastatin</i> .....	32
ALTOPREV® .....	32
CADUET® .....	32
LESCOL XL®.....	32
LESCOL® .....	32
LIPITOR® .....	32
LIPTRUZET®.....	32
LIVALO®.....	32
MEVACOR® .....	32
PRAVACHOL® .....	32
VYTORIN® .....	32
ZOCOR® .....	32
INFLAMMATORY BOWEL.....	33
APRISO®.....	33
ASACOL HD®.....	33
ASACOL®.....	33
<i>balsalazide disodium</i> .....	33
DELZICOL®.....	33
LIALDA®.....	33
PENTASA® .....	33
<i>sulfasalazine</i> .....	33
AZULFIDINE® .....	33
COLAZAL®.....	33
DIPENTUM®.....	33
GIAZO® .....	33
KEPPRA.....	34
<i>levetiracetam</i> .....	34
KEPPRA XR®.....	34
KEPPRA®.....	34

2013 Step Therapy (ST) Criteria

LAMICTAL.....	35
<i>lamotrigine</i> .....	35
LAMICTAL (BLUE)®.....	35
LAMICTAL (GREEN)®.....	35
LAMICTAL (ORANGE)®.....	35
LAMICTAL ODT®.....	35
LAMICTAL XR (BLUE)®.....	35
LAMICTAL XR (GREEN)®.....	35
LAMICTAL XR (ORANGE)®.....	35
LAMICTAL XR®.....	35
LAMICTAL®.....	35
LONG ACTING OPIOIDS.....	36
<i>morphine</i> .....	36
<i>oxymorphone</i> .....	36
AVINZA®.....	36
EXALGO®.....	36
KADIAN®.....	36
MS CONTIN®.....	36
NUCYNTA ER®.....	36
OPANA ER®.....	36
OXYCONTIN®.....	36
METFORMIN.....	37
<i>metformin</i> .....	37
FORTAMET®.....	37
GLUCOPHAGE XR®.....	37
GLUCOPHAGE®.....	37
GLUMETZA®.....	37
RIOMET®.....	37
MIRAPEX/REQUIP.....	38
<i>pramipexole</i> .....	38
<i>ropinirole</i> .....	38
MIRAPEX ER®.....	38
MIRAPEX®.....	38
NEUPRO®.....	38
REQUIP XL®.....	38
REQUIP®.....	38
PPI ENHANCED.....	39
<i>lansoprazole</i> .....	39
<i>omeprazole</i> .....	39
<i>pantoprazole</i> .....	39
NEXIUM®.....	39
OMEPRAZOLE/SODIUM <i>bicarbonat</i> .....	39
ACIPHEX®.....	39
DEXILANT®.....	39
ESOMEPRAZOLE STRONTIUM®.....	39
PREVACID®.....	39



2013 Step Therapy (ST) Criteria

PRILOSEC® .....	39
PROTONIX®.....	39
ZEGERID® .....	39
STAVZOR .....	40
<i>divalproex</i> .....	40
<i>valproic acid</i> .....	40
DEPAKENE®.....	40
DEPAKOTE ER®.....	40
DEPAKOTE SPRINKLE®.....	40
DEPAKOTE®.....	40
STAVZOR® .....	40
TEKTURNA.....	41
ACCUPRIL® .....	41
ACCURETIC® .....	41
ACEON® .....	41
ALTACE® .....	41
ATACAND HCT®.....	41
ATACAND®.....	41
AVALIDE® .....	41
AVAPRO® .....	41
AZOR® .....	41
<i>benazepril</i> .....	41
<i>benazepril/amlodipine besylate</i> .....	41
<i>benazepril/hctz</i> .....	41
BENICAR HCT®.....	41
BENICAR® .....	41
<i>candesartan cilexetil</i> .....	41
<i>candesartan cilexetil/hctz</i> .....	41
<i>captopril</i> .....	41
<i>captopril/hctz</i> .....	41
COZAAR® .....	41
DIOVAN HCT® .....	41
DIOVAN® .....	41
EDARBI®.....	41
EDARBYCLOR®.....	41
<i>enalapril</i> .....	41
<i>enalapril maleate/hctz</i> .....	41
<i>eprosartan mesylate</i> .....	41
EXFORGE HCT® .....	41
EXFORGE®.....	41
<i>fosinopril</i> .....	41
<i>fosinopril/hctz</i> .....	41
<i>hctz/valsartan</i> .....	41
HYZAAR®.....	41
<i>irbesartan</i> .....	41
<i>irbesartan/hctz</i> .....	41

## 2013 Step Therapy (ST) Criteria

<i>lisinopril</i> .....	41
<i>lisinopril/hctz</i> .....	41
<i>losartan</i> .....	41
<i>losartan /hctz</i> .....	41
LOTENSIN HCT®.....	41
LOTENSIN® .....	41
LOTREL® .....	41
MAVIK®.....	41
MICARDIS HCT® .....	42
MICARDIS®.....	42
<i>moexipril</i> .....	42
<i>moexipril/hctz</i> .....	42
<i>perindopril erbumine</i> .....	42
PRINIVIL® .....	42
PRINZIDE®.....	42
<i>quinapril</i> .....	42
<i>quinapril/hctz</i> .....	42
<i>ramipril</i> .....	42
TARKA® .....	42
TEVETEN HCT® .....	42
TEVETEN®.....	42
<i>trandolapril</i> .....	42
TRIBENZOR®.....	42
TWYNSTA®.....	42
UNIRETIC® .....	42
UNIVASC® .....	42
VASERETIC®.....	42
VASOTEC®.....	42
ZESTORETIC®.....	42
ZESTRIL® .....	42
AMTURNIDE®.....	41
TEKAMLO® .....	41
TEKURNA HCT®.....	41
TEKURNA®.....	41
TETRACYCLINES (ORAL) .....	43
<i>demeclocycline hcl</i> .....	43
<i>doxycycline hyclate</i> .....	43
<i>doxycycline monohydrate</i> .....	43
<i>minocycline</i> .....	43
<i>tetracycline</i> .....	43
DORYX® .....	43
DYNACIN® .....	43
MINOCIN®.....	43
MONODOX® .....	43
ORACEA®.....	43
SOLODYN®.....	43

2013 Step Therapy (ST) Criteria

VIBRAMYCIN®.....	43
THIAZOLIDINEDIONE .....	44
FORTAMET®.....	44
<i>glipizide/metformin hcl</i> .....	44
GLUCOPHAGE XR®.....	44
GLUCOPHAGE®.....	44
GLUCOVANCE®.....	44
GLUMETZA®.....	44
<i>glyburide/metformin hcl</i> .....	44
JANUMET XR® .....	44
JANUMET® .....	44
JENTADUETO® .....	44
KAZANO® .....	44
KOMBIGLYZE XR®.....	44
<i>metformin</i> .....	44
<i>pioglitazone hcl</i> .....	44
<i>pioglitazone hcl/metformin hc</i> .....	44
<i>pioglitazone/glimepiride</i> .....	44
PRANDIMET® .....	44
RIOMET® .....	44
ACTOPLUS MET XR® .....	44
ACTOPLUS MET® .....	44
ACTOS®.....	44
AVANDAMET®.....	44
AVANDARYL®.....	44
AVANDIA® .....	44
DUETACT® .....	44
OSENI®.....	44
TOPICAL CORTICOSTEROIDS .....	45
<i>alclometasone</i> .....	45
<i>amcinonide</i> .....	45
<i>betameth/propylene glycol</i> .....	45
<i>betamethasone dipropionate</i> .....	45
<i>betamethasone valerate</i> .....	45
<i>clobetasol propionate</i> .....	45
<i>desonide</i> .....	45
<i>desoximetasone</i> .....	45
<i>diflorasone</i> .....	45
<i>fluocinolone acetonide</i> .....	45
<i>fluocinonide</i> .....	45
<i>fluticasone propionate</i> .....	45
<i>halobetasol propionate</i> .....	45
<i>hydrocortisone</i> .....	45
<i>hydrocortisone butyrate</i> .....	45
<i>hydrocortisone valerate</i> .....	45
<i>mometasone</i> .....	45

2013 Step Therapy (ST) Criteria

<i>prednicarbate</i> .....	45
<i>triamcinolone acetonide</i> .....	45
ACLOVATE®.....	45
ALA-SCALP®.....	45
CAPEX SHAMPOO®.....	45
CARMOL HC®.....	45
CLOBEX®.....	45
CLODERM®.....	45
CORDRAN®.....	45
CUTIVATE®.....	45
DERMA-SMOOTH-FS®.....	45
DERMATOP®.....	45
DESONATE®.....	45
DESOWEN®.....	45
DIPROLENE AF®.....	45
DIPROLENE®.....	45
ELOCON®.....	45
HALOG®.....	45
KENALOG®.....	45
LOCOID LIPOCREAM®.....	45
LOCOID®.....	45
LOKARA®.....	45
LUXIQ®.....	45
OLUX-E®.....	45
PANDEL®.....	45
SYNALAR®.....	45
TEMOVATE®.....	45
TOPICORT®.....	45
U-CORT®.....	45
ULTRAVATE®.....	45
VANOS®.....	45
VERDESOR®.....	45
WESTCORT®.....	45
TRAMADOL.....	47
<i>tramadol</i> .....	47
<i>tramadol/apap</i> .....	47
CONZIP®.....	47
RYZOLT®.....	47
ULTRACET®.....	47
ULTRAM ER®.....	47
ULTRAM®.....	47
ULORIC.....	48
<i>allopurinol</i> .....	48
ZYLOPRIM®.....	48
ULORIC®.....	48

## ALPHA BLOCKERS

### Affected Drugs

#### STEP 1 DRUGS

*alfuzosin hcl*

*doxazosin*

*tamsulosin*

*terazosin*

#### STEP 2 DRUGS

CARDURA XL®

CARDURA®

FLOMAX®

RAPAFLO®

UROXATRAL®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): alfuzosin Er, doxazosin, tamsulosin, terazosin. Step 2 Drug(s): Cardura, Cardura XL, Flomax, Rapaflo, UroXatral.

## ANTIDEPRESSANTS - SSRI

### Affected Drugs

#### STEP 1 DRUGS

*citalopram*  
*escitalopram oxalate*  
*fluoxetine*  
*fluvoxamine*  
*paroxetine*  
*sertraline*

#### STEP 2 DRUGS

CELEXA®  
 FLUOXETINE HCL®  
 LEXAPRO®  
 LUVOX CR®  
 PAXIL CR®  
 PAXIL®  
 PEXEVA®  
 PROZAC WEEKLY®  
 PROZAC®  
 VIIBRYD®  
 ZOLOFT®

If the patient has tried two Step 1 drugs, then authorization for a drug in Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Escitalopram, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, fluvoxamine maleate extended release, Paroxetine Hcl, Paroxetine ER, Rapiflux, Sertraline Hcl. Step 2 Drug(s): Celexa, Fluoxetine 60 mg tablet, Lexapro, Luvox Cr, Paxil, Paxil Cr, Pexeva, Prozac, Prozac Weekly, Viibryd, Zoloft. Patients who have taken Lexapro, Luvox Cr, Pexeva, or Viibryd at any time in the past and discontinued its use may receive authorization to restart Lexapro, Luvox Cr, Pexeva or Viibryd (whichever they used in the past). Authorization may be given for a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] if the patient is currently taking the requested agent. Authorization may be given for Lexapro, Luvox Cr, Pexeva, or Viibryd if the patient is a child or adolescent aged 18 years or less, or has suicidal ideation. Authorization may be given for Lexapro for use in the management of generalized anxiety disorder (GAD) for patients who have tried paroxetine HCl immediate release. Authorization may be given for Lexapro for patients who have tried citalopram or citalopram hbr and who may have a clinically significant drug interaction with fluoxetine dr/fluoxetine hcl/Rapiflux, fluvoxamine maleate, sertraline hcl, or paroxetine hcl. This step therapy program applies to new utilizers only.

## **ANTIDEPRESSANTS - SSRI (SARAFEM)**

### **Affected Drugs**

#### STEP 1 DRUGS

*fluoxetine*

#### STEP 2 DRUGS

SARAFEM®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fluoxetine Hcl, Rapiflux, Selfemra. Step 2 Drug(s): Sarafem. Authorization may be given for step 2 Sarafem if the patient is currently taking the requested agent. This step therapy program applies to new utilizers only.

## **ANTIDEPRESSANTS-BUPROPION**

### **Affected Drugs**

#### STEP 1 DRUGS

*bupropion*

#### STEP 2 DRUGS

APLENZIN®

FORFIVO XL®

WELLBUTRIN SR®

WELLBUTRIN XL®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Budeprion Sr, Bupropion Hcl Sr. Step 2 Drug(s): Aplenzin, Forfivo, Wellbutrin Sr, Wellbutrin XL. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. This step therapy program applies to new utilizers only.



## **BILE ACID SEQUESTRANTS**

### **Affected Drugs**

#### STEP 1 DRUGS

*cholestyramine/aspartame*

*colestipol*

#### STEP 2 DRUGS

COLESTID®

QUESTRAN®

WELCHOL®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Cholestyramine Light, Colestipol Hcl, Prevalite. Step 2 Drug(s): Colestid, Questran, Welchol. Authorization may be given for Welchol if patients have a drug-drug interaction with cholestyramine or colestipol. Authorization may be given for Welchol in patients who are pregnant. Authorization may be given for Welchol in patients with type 2 diabetes who are also using other antidiabetic agents (eg, insulin, metformin, sulfonylurea). Authorization may be given for Welchol in patients less than 18 years of age.

## BRAND NSAIDS

### Affected Drugs

#### STEP 1 DRUGS

*diclofenac potassium*  
*diclofenac sodium*  
*diclofenac sodium/misoprostol*  
*etodolac*  
*fenoprofen*  
*flurbiprofen*  
*ibuprofen*  
*indomethacin*  
*ketoprofen*  
*ketorolac*  
*lansoprazole*  
*meclofenamate*  
*mefenamic acid*  
*meloxicam*  
*nabumetone*  
*naproxen*  
*naproxen sodium*  
*omeprazole*  
*oxaprozin*  
*pantoprazole*  
*piroxicam*  
*sulindac*  
*tolmetin*

#### STEP 2 DRUGS

ANAPROX DS®  
 ANAPROX®  
 ARTHROTEC 50®  
 ARTHROTEC 75®  
 CAMBIA®  
 CATAFLAM®  
 CLINORIL®  
 DAYPRO®  
 DUEXIS®  
 EC-NAPROSYN®  
 FELDENE®  
 FLECTOR®  
 INDOCIN®  
 MOBIC®  
 NALFON®  
 NAPRELAN®  
 NAPROSYN®  
 PENNSAID®  
 PONSTEL®  
 SPRIX®  
 VIMOVO®  
 VOLTAREN®  
 VOLTAREN-XR®  
 ZIPSOR®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Diclofenac-misoprostol, Diclofenac Potassium, Diclofenac Sodium, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Lansoprazole, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Omeprazole, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Pantoprazole Sodium, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Anaprox, Anaprox Ds, Arthrotec 50, Arthrotec 75, Cambia, Cataflam, Clinoril, Daypro, Duexis, Ec-naprosyn, Feldene, Flector, Indocin, Mobic, Nalfon, Naprelan, Naprosyn, Pennsaid, Ponstel, Sprix, Vimovo, Voltaren, Voltaren-XR, Zipsor. Authorization for Vimovo may be given if the patient has claims history for both omeprazole or lansoprazole or pantoprazole sodium and a prescription naproxen or naproxen sodium product. Authorization for a step 2 drug, other than Vimovo, may be given if the patient has tried two unique generic prescription strength non-steroidal anti-inflammatory drugs (NSAIDs) for the current condition. Authorization may be given for Flector, Pennsaid, Sprix, or Voltaren Gel for patients with difficulty swallowing or cannot swallow. Authorization may be given for Pennsaid or Voltaren Gel for patients with a chronic musculoskeletal pain condition (eg, osteoarthritis) in 3 or fewer joints/sites (ie,

## 2013 Step Therapy (ST) Criteria

hand, wrist, elbow, knee, ankle, or foot each count as 1 joint/site) who are at risk of NSAID-associated toxicity (eg, previous gastrointestinal [GI] bleed, history of peptic ulcer disease, impaired renal function, cardiovascular disease, hypertension, heart failure, elderly patients with impaired hepatic function, or those taking concomitant anticoagulants). Authorization for Duexis may be given if there is a claims history for both a generic H2RA (famotidine, cimetidine, nizatidine, ranitidine) and ibuprofen (brand or generic). These must be in the claims history. Coverage of Duexis is not recommended if the patient has only tried OTC ibuprofen, other NSAIDs [Non-steroidal anti-inflammatory drugs] besides ibuprofen, or a COX-2 inhibitor (Celebrex). Authorization may be given for Voltaren Gel or Pennsaid for patients greater than or equal to 75 years of age with hand or knee osteoarthritis.

## CCB - DIHYDROPYRIDINES

### Affected Drugs

#### STEP 1 DRUGS

*amlodipine*  
*benazepril/amlodipine besylate*  
*felodipine*  
*isradipine*  
*nicardipine*  
*nifedipine*  
*nisoldipine*

#### STEP 2 DRUGS

ADALAT CC®  
NORVASC®  
PROCARDIA XL®  
SULAR®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Afeditab Cr, Amlodipine Besylate, Amlodipine Besylate-benazepril, Felodipine Er, Isradipine, Nicardipine Hcl, Nifediac Cc, Nifedical XI, Nifedipine Er, Nisoldipine. Step 2 Drug(s): Adalat Cc, Norvasc, Procardia XL, Sular.

**CCB - VERAPAMIL**

**Affected Drugs**

STEP 1 DRUGS

*verapamil*

STEP 2 DRUGS

CALAN SR®

CALAN®

COVERA-HS®

VERELAN PM®

VERELAN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Verapamil Er, Verapamil Er Pm, Verapamil Hcl. Step 2 Drug(s): Calan, Calan Sr, Covera-hs, Verelan, Verelan PM.

## COX-2

### Affected Drugs

#### STEP 1 DRUGS

ANAPROX DS®  
ANAPROX®  
CATAFLAM®  
CLINORIL®  
DAYPRO®  
*diclofenac potassium*  
*diclofenac sodium*  
*diclofenac sodium/misoprostol*  
DUEXIS®  
EC-NAPROSYN®  
*etodolac*  
FELDENE®  
*fenoprofen*  
*flurbiprofen*  
*ibuprofen*  
INDOCIN®  
*indomethacin*  
*ketoprofen*  
*ketorolac*  
*meclofenamate*  
*mefenamic acid*  
*meloxicam*  
MOBIC®  
*nabumetone*  
NALFON®  
NAPRELAN®  
NAPROSYN®  
*naproxen*  
*naproxen sodium*  
*oxaprozin*  
*piroxicam*  
PONSTEL®  
SPRIX®  
*sulindac*  
*tolmetin*  
VOLTAREN-XR®  
ZIPSOR®

#### STEP 2 DRUGS

CELEBREX®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Anaprox, Anaprox Ds, Arthrotec, Cataflam, Clinoril, Daypro, Diclofenac-misoprostol, Diclofenac Potassium, Diclofenac Sodium, Duexis, Ec-naprosyn, Etodolac, Feldene, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indocin,

## 2013 Step Therapy (ST) Criteria

Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Mobic, Nabumetone, Nalfon, Naprelan, Naprosyn, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Ponstel, Sprix, Sulindac, Tolmetin Sodium, Voltaren-xr, Zipsor. Step 2 Drug(s): Celebrex. Authorization for Celebrex may be given if the patient has tried two oral prescription strength NSAIDs [Non-steroidal anti-inflammatory drugs] (brand or generic) for the current condition. This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 130 days. Authorization for Celebrex may be given for patients who are currently taking chronic systemic corticosteroid therapy, warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), rivaroxaban (Xarelto), dabigatran (Pradaxa), chronic aspirin therapy, or low molecular weight heparins. Authorization for Celebrex may be given for patients aged greater than 75 years who are requesting Celebrex for a chronic condition.

**ENHANCED ARB****Affected Drugs**STEP 1 DRUGS

*benazepril*  
*benazepril/amlodipine*  
*besylate*  
*benazepril/hctz*  
*candesartan cilexetil*  
*candesartan cilexetil/hctz*  
*captopril*  
*captopril/hctz*  
*enalapril*  
*enalapril maleate/hctz*  
*eprosartan mesylate*  
*fosinopril*  
*fosinopril/hctz*  
*hctz/valsartan*  
*irbesartan*  
*irbesartan/hctz*  
*lisinopril*  
*lisinopril/hctz*  
*losartan*  
*losartan /hctz*  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
*trandolapril*

STEP 2 DRUGS

AZOR®  
 BENICAR HCT®  
 BENICAR®  
 DIOVAN®  
 EXFORGE HCT®  
 EXFORGE®  
 TRIBENZOR®

STEP 3 DRUGS

ATACAND HCT®  
 ATACAND®  
 AVALIDE®  
 AVAPRO®  
 COZAAR®  
 DIOVAN HCT®  
 EDARBI®  
 EDARBYCLOR®  
 HYZAAR®  
 MICARDIS HCT®  
 MICARDIS®  
 TEVETEN HCT®  
 TEVETEN®  
 TWYNSTA®

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): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Candesartan, Candesartan-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, eprosartan, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Irbesartan, Irbesartan-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Valsartan-hydrochlorothiazide. Step 2 Drug(s): Azor, Benicar, Benicar Hct, Diovan, Exforge, Exforge Hct, Tribenzor. Step 3 Drug(s): Atacand, Atacand Hct, Avalide, Avapro, Cozaar, Diovan Hct, Edarbi, Edarbyclor, Hyzaar, Micardis, Micardis Hct, Teveten, Teveten Hct, Twynsta. Authorization may be given for a step 2 or step 3 angiotensin receptor blocker (ARB) or ARB-containing combination product, without a



## 2013 Step Therapy (ST) Criteria

trial of a step 1 or 2 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (eg, myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the requested agent. Authorization may be given for Atacand in children aged less than 6 years.

## ENHANCED BISPHOSPHONATES ORAL

### Affected Drugs

#### STEP 1 DRUGS

*alendronate*

*ibandronate*

#### STEP 2 DRUGS

ACTONEL®

ATELVIA®

BONIVA®

#### STEP 3 DRUGS

BINOSTO®

FOSAMAX PLUS D®

FOSAMAX®

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, Ibandronate Sodium. Step 2 Drug(s): Actonel, Atelvia, Boniva. Step 3 Drug(s): Binosto, Fosamax, Fosamax Plus D. Authorization may be given for a step 2 agent, if the patient has tried alendronate sodium or ibandronate sodium (brand or generic). Authorization may be given for Actonel for use in the management of Paget's disease if the patient has already started therapy with Actonel. Authorization may be given for Fosamax oral solution for adult patients with a gastrostomy tube, who cannot swallow, or who have difficulty swallowing tablets. Authorization may be given for Fosamax oral solution for children who require an oral solution.

## ENHANCED FENOFIBRATE

### Affected Drugs

#### STEP 1 DRUGS

*fenofibrate*  
*fenofibric acid*

#### STEP 2 DRUGS

TRILIPIX®

#### STEP 3 DRUGS

ANTARA®  
FENOGLIDE®  
FIBRICOR®  
LIPOFEN®  
LOFIBRA®  
TRICOR®

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, Fenofibric acid. Step 2 Drug(s): Trilipix. Step 3 Drug(s): Antara, Fenoglide, Fibricor, Lipofen, Lofibra, Tricor.

## **ENHANCED OPHTHALMIC PROSTAGLANDINS**

### **Affected Drugs**

#### STEP 1 DRUGS

*latanoprost*

*travoprost*

#### STEP 2 DRUGS

LUMIGAN®

TRAVATAN Z®

#### STEP 3 DRUGS

RESCULA®

XALATAN®

ZIOPTAN®

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): latanoprost, travoprost. Step 2 Drug(s): Lumigan, Travatan Z. Step 3 Drug(s): Rescula, Xalatan, Zioptan. Authorization for Travatan Z or Zioptan may be given if the patient has a known benzalkonium chloride (BAK) sensitivity or sensitivity to other ophthalmic preservatives.

## ENHANCED OVERACTIVE BLADDER

### Affected Drugs

#### STEP 1 DRUGS

*oxybutynin*  
*tolterodine tartrate*  
*tropium chloride*

#### STEP 2 DRUGS

ENABLEX®  
GELNIQUE®

#### STEP 3 DRUGS

DETROL LA®  
DETROL®  
DITROPAN XL®  
MYRBETRIQ®  
OXYTROL®  
SANCTURA XR®  
SANCTURA®  
TOVIAZ®  
VESICARE®

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, Tolterodine, Trospium Chloride, Trospium Er. Step 2 Drug(s): Enablex, Gelnique. Step 3 Drug(s): Detrol, Detrol La, Ditropan XI, Myrbetriq, Oxytrol, Sanctura, Sanctura XR, Toviaz, Vesicare. Authorization for Gelnique may be given for patients who cannot swallow or who have difficulty swallowing.

## ENHANCED SEDATIVE HYPNOTICS

### Affected Drugs

#### STEP 1 DRUGS

*zaleplon*

*zolpidem*

#### STEP 2 DRUGS

LUNESTA®

ROZEREM®

#### STEP 3 DRUGS

AMBIEN CR®

AMBIEN®

EDLUAR®

INTERMEZZO®

SILENOR®

SONATA®

ZOLPIMIST®

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. A specific trial duration is not required as reasons for discontinuation are patient specific. The definition of an adequate trial is best determined by the patient's prescriber. Step 1 Drug(s): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Lunesta, Rozerem. Step 3 Drug(s): Ambien, Ambien Cr, Edluar, Intermezzo, Silenor, Sonata, Zolpimist. Rozerem will be covered for members equal to or over the age of 65 years. For those under 65 years of age, the step therapy will apply. Authorization for Rozerem or Silenor may be given if the patient has a documented history of addiction to controlled substances. Authorization for Edluar or Zolpimist may be given if the patient has difficulty swallowing or cannot swallow tablets. Authorization for Intermezzo may be given if the patient has middle-of-the-night awakening followed by difficulty returning to sleep.

## **HMG RULE 1**

### **Affected Drugs**

#### STEP 1 DRUGS

*atorvastatin calcium*

*fluvastatin*

*lovastatin*

*pravastatin*

*simvastatin*

#### STEP 2 DRUGS

CRESTOR®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. A specific trial duration is not required as reasons for discontinuation are patient specific. The definition of an adequate trial is best determined by the patient's prescriber. Step 1 Drug(s): Atorvastatin, Fluvastatin, Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor 5 mg. Authorization may be given for a step 2 drug, if the patient has tried atorvastatin (brand or generic), fluvastatin (brand or generic), lovastatin (brand or generic), pravastatin sodium (brand or generic), or simvastatin (brand or generic). Authorization for a step 2 drug will be given on an individual basis for drug-drug interactions.

## HMG RULE 2

### Affected Drugs

#### STEP 1 DRUGS

*atorvastatin calcium*

CRESTOR®

*fluvastatin*

*lovastatin*

*pravastatin*

*simvastatin*

#### STEP 2 DRUGS

ALTOPREV®

CADUET®

LESCOL XL®

LESCOL®

LIPITOR®

LIPTRUZET®

LIVALO®

MEVACOR®

PRAVACHOL®

VYTORIN®

ZOCOR®

If the patient has tried a Step 1 Group A and a Step 1 Group B drug, then authorization for a Step 2 drug may be given. Step 1 Group A Drug(s): Atorvastatin, Fluvastatin, Lovastatin, Pravastatin Sodium, Simvastatin. Step 1 Group B Drug(s): Crestor. Step 2 Drug(s): Altoprev, Caduet, Lescol, Lescol XI, Lipitor, Liptruzet, Livalo, Mevacor, Pravachol, Vytorin, Zocor. Authorization for a step 2 drug will given on an individual basis for drug-drug interactions.



## INFLAMMATORY BOWEL

### Affected Drugs

#### STEP 1 DRUGS

APRISO®

ASACOL HD®

ASACOL®

*balsalazide disodium*

DELZICOL®

LIALDA®

PENTASA®

*sulfasalazine*

#### STEP 2 DRUGS

AZULFIDINE®

COLAZAL®

DIPENTUM®

GIAZO®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Apriso, Asacol, Asacol HD, balsalazide, Delzicol, Lialda, Pentasa, sulfasalazine, sulfazine EC. Step 2 Drug(s): Azulfidine, Azulfidine Entab, Colazal, Dipentum, Giazol.

## 2013 Step Therapy (ST) Criteria

### **KEPPRA**

#### **Affected Drugs**

##### STEP 1 DRUGS

*levetiracetam*

##### STEP 2 DRUGS

KEPPRA XR®

KEPPRA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Levetiracetam, levetiracetam ER. Step 2 Drug(s): Keppra, Keppra XR. Authorization may be given for a Step 2 drug if the patient is currently taking the requested agent. Authorization may be given for a Keppra XR if the patient has taken it at any time in the past. This step therapy program applies to new utilizers only.

## LAMICTAL

### Affected Drugs

#### STEP 1 DRUGS

*lamotrigine*

#### STEP 2 DRUGS

LAMICTAL (BLUE)<sup>®</sup>

LAMICTAL (GREEN)<sup>®</sup>

LAMICTAL (ORANGE)<sup>®</sup>

LAMICTAL ODT<sup>®</sup>

LAMICTAL XR (BLUE)<sup>®</sup>

LAMICTAL XR (GREEN)<sup>®</sup>

LAMICTAL XR (ORANGE)<sup>®</sup>

LAMICTAL XR<sup>®</sup>

LAMICTAL<sup>®</sup>

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lamotrigine, Lamotrigine Er. Step 2 Drug(s): Lamictal, Lamictal (blue), Lamictal (green), Lamictal (orange), Lamictal ODT, Lamictal XR, Lamictal XR (blue), Lamictal XR (green), Lamictal XR (orange). Authorization may be given for a Step 2 drug if the patient is currently taking the requested agent. Authorization may be given for Lamictal XR, Lamictal XR (blue), Lamictal XR (green), Lamictal XR (orange) if the patient has taken it at any time in the past. Authorization may be given for Lamictal ODT if the patient cannot chew and swallow lamotrigine chewable dispersible tablets. This step therapy program applies to new utilizers only.

## LONG ACTING OPIOIDS

### Affected Drugs

#### STEP 1 DRUGS

*morphine*

*oxymorphone*

#### STEP 2 DRUGS

AVINZA®

EXALGO®

KADIAN®

MS CONTIN®

NUCYNTA ER®

OPANA ER®

OXYCONTIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate, morphine sulfate ER, oxymorphone ER. Step 2 Drug(s): Avinza, Exalgo, Kadian, MS [Multiple Sclerosis] Contin, Nucynta ER, Opana Er, Oxycontin. Authorization may be given for Exalgo, OxyContin, or Nucynta ER if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for Exalgo, OxyContin, or Nucynta ER if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.

**METFORMIN**

**Affected Drugs**

STEP 1 DRUGS

*metformin*

STEP 2 DRUGS

FORTAMET®

GLUCOPHAGE XR®

GLUCOPHAGE®

GLUMETZA®

RIOMET®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Metformin Hcl, Metformin Hcl Er. Step 2 Drug(s): Fortamet, Glucophage, Glucophage Xr, Glumetza, Riomet. Participant must have 30 days of generic metformin or generic metformin ER in claims history. Authorization may be given for Riomet patients who are unable to swallow or have difficulty swallowing tablets containing metformin.

## **MIRAPEX/REQUIP**

### **Affected Drugs**

#### STEP 1 DRUGS

*pramipexole*

*ropinirole*

#### STEP 2 DRUGS

MIRAPEX ER®

MIRAPEX®

NEUPRO®

REQUIP XL®

REQUIP®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Pramipexole Dihydrochloride, Ropinirole Hcl. Step 2 Drug(s): Mirapex, Mirapex Er, Neupro, Requip, Requip XL. Authorization may be given for Mirapex ER, Neupro, or Requip XL if the patient has symptoms of Parkinson's disease and is currently taking (or has taken in the past) the requested agent. Authorization for Neupro may be given if the patient cannot swallow or has difficulty swallowing.

**PPI ENHANCED**

**Affected Drugs**

STEP 1 DRUGS

*lansoprazole*  
*omeprazole*  
*pantoprazole*

STEP 2 DRUGS

NEXIUM®  
 OMEPRAZOLE/SODIUM  
*bicarbonat*

STEP 3 DRUGS

ACIPHEX®  
 DEXILANT®  
 ESOMEPRAZOLE  
 STRONTIUM®  
 PREVACID®  
 PRILOSEC®  
 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): Lansoprazole (capsules), Omeprazole, Pantoprazole Sodium. Step 2 Drug(s): Nexium, Omeprazole-Sodium Bicarbonate. Step 3 Drug(s): Aciphex, Dexilant, Esomeprazole Ec, Prevacid, Prilosec, Protonix, Zegerid. Authorization may be given for a Step 2 or a Step 3 agent for children less than 2 years old. Authorization for Nexium may be given in patients less than 1 year of age. Authorization may be given for a step 3 agent, except Prilosec or Zegerid, for patients concomitantly receiving clopidogrel who have tried a step 1 agent (not required to try a step 2). Authorization for Zegerid 40mg oral suspension may be given to reduce the risk of upper gastrointestinal bleeding in a critically ill patient.

## **STAVZOR**

### **Affected Drugs**

#### STEP 1 DRUGS

*divalproex*

*valproic acid*

#### STEP 2 DRUGS

DEPAKENE®

DEPAKOTE ER®

DEPAKOTE SPRINKLE®

DEPAKOTE®

STAVZOR®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Divalproex Sodium, Divalproex Sodium Er, Valproic Acid. Step 2 Drug(s): Depakene, Depakote, Depakote Er, Depakote Sprinkle, Stavzor. Authorization may be given for a Step 2 drug if the patient is currently taking the requested agent. Authorization may be given for Stavzor if the patient has taken it at any time in the past. This step therapy program applies to new utilizers only.



## TEKTURNA

### Affected Drugs

#### STEP 1 DRUGS

ACCUPRIL®  
ACCURETIC®  
ACEON®  
ALTACE®  
ATACAND HCT®  
ATACAND®  
AVALIDE®  
AVAPRO®  
AZOR®

*benazepril*  
*benazepril/amlodipine besylate*

*benazepril/hctz*

BENICAR HCT®

BENICAR®

*candesartan cilexetil*

*candesartan cilexetil/hctz*

*captopril*

*captopril/hctz*

COZAAR®

DIOVAN HCT®

DIOVAN®

EDARBI®

EDARBYCLOR®

*enalapril*

*enalapril maleate/hctz*

*eprosartan mesylate*

EXFORGE HCT®

EXFORGE®

*fosinopril*

*fosinopril/hctz*

*hctz/valsartan*

HYZAAR®

*irbesartan*

*irbesartan/hctz*

*lisinopril*

*lisinopril/hctz*

*losartan*

*losartan /hctz*

LOTENSIN HCT®

LOTENSIN®

LOTREL®

MAVIK®

#### STEP 2 DRUGS

AMTURNIDE®  
TEKAMLO®  
TEKTURNA HCT®  
TEKTURNA®

## 2013 Step Therapy (ST) Criteria

MICARDIS HCT®  
MICARDIS®  
*moexipril*  
*moexipril/hctz*  
*perindopril erbumine*  
PRINIVIL®  
PRINZIDE®  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
TARKA®  
TEVETEN HCT®  
TEVETEN®  
*trandolapril*  
TRIBENZOR®  
TWINSTA®  
UNIRETIC®  
UNIVASC®  
VASERETIC®  
VASOTEC®  
ZESTORETIC®  
ZESTRIL®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Accupril, Accuretic, Aceon, Altace, Amlodipine Besylate-benazepril, Atacand, Atacand Hct, Avalide, Avapro, Azor, Benazepril Hcl, Benazepril-hydrochlorothiazide, Benicar, Benicar Hct, Candesartan, Candesartan-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Cozaar, Diovan, Diovan Hct, Edarbi, Edarbyclor, Enalapril Maleate, Enalapril-hydrochlorothiazide, eprosartan, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Hyzaar, Irbesartan, Irbesartan-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Lotensin, Lotensin Hct, Lotrel, Mavik, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Prinivil, Prinzide, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Tarka, Teveten, Teveten Hct, Trandolapril, Tribenzor, Twinsta, Uniretic, Univasc, Valsartan-hydrochlorothiazide, Vaseretic, Vasotec, Zestoretic, Zestril. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.

## **TETRACYCLINES (ORAL)**

### **Affected Drugs**

#### STEP 1 DRUGS

*demeclocycline hcl*  
*doxycycline hyclate*  
*doxycycline monohydrate*  
*minocycline*  
*tetracycline*

#### STEP 2 DRUGS

DORYX®  
DYNACIN®  
MINOCIN®  
MONODOX®  
ORACEA®  
SOLODYN®  
VIBRAMYCIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Demeclocycline Hcl, Doxycycline, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline Hcl, Tetracycline Hcl. Step 2 Drug(s): Doryx, Dynacin, Minocin, Monodox, Oracea, Periostat, Solodyn, Vibramycin. Authorization may be given for a step 2 agent if the patient has tried a generic oral tetracycline-type product (demeclocycline, doxycycline, minocycline or tetracycline). Authorization may be given for a 3-day supply of a single-entity, step 2 doxycycline agent without a generic equivalent (eg, Doryx, Vibramycin Calcium oral suspension/syrup) for a patient with a systemic infection when the physician or a representative of the physician cannot be contacted. If the patient cannot swallow or has difficulty swallowing tablets or capsules, authorization for Vibramycin oral suspension or syrup may be given.

**THIAZOLIDINEDIONE****Affected Drugs**STEP 1 DRUGS

FORTAMET®  
*glipizide/metformin hcl*  
 GLUCOPHAGE XR®  
 GLUCOPHAGE®  
 GLUCOVANCE®  
 GLUMETZA®  
*glyburide/metformin hcl*  
 JANUMET XR®  
 JANUMET®  
 JENTADUETO®  
 KAZANO®  
 KOMBIGLYZE XR®  
*metformin*  
*pioglitazone hcl*  
*pioglitazone hcl/metformin hc*  
*pioglitazone/glimepiride*  
 PRANDIMET®  
 RIOMET®

STEP 2 DRUGS

ACTOPLUS MET XR®  
 ACTOPLUS MET®  
 ACTOS®  
 AVANDAMET®  
 AVANDARYL®  
 AVANDIA®  
 DUETACT®  
 OSENI®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fortamet, Glimepiride-pioglitazone, Glipizide-metformin, Glucophage, Glucophage Xr, Glucovance, Glumetza, Glyburide-metformin Hcl, Janumet, Janumet XR, Jentadueto, Kazano, Kombiglyze Xr, Metaglip, Metformin Hcl, Metformin Hcl Er, Metformin-pioglitazone, Pioglitazone, Prandimet, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact, Oseni. Authorization may be given for a step 2 drug if the patient has tried a step 1 drug in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact, Oseni, or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact, Oseni, or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact, Oseni, or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact, Oseni, or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact, Oseni, or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.

## TOPICAL CORTICOSTEROIDS

### Affected Drugs

#### STEP 1 DRUGS

*alclometasone*  
*amcinonide*  
*betameth/propylene glycol*  
*betamethasone dipropionate*  
*betamethasone valerate*  
*clobetasol propionate*  
*desonide*  
*desoximetasone*  
*diflorasone*  
*fluocinolone acetonide*  
*fluocinonide*  
*fluticasone propionate*  
*halobetasol propionate*  
*hydrocortisone*  
*hydrocortisone butyrate*  
*hydrocortisone valerate*  
*mometasone*  
*prednicarbate*  
*triamcinolone acetonide*

#### STEP 2 DRUGS

ACLOVATE®  
 ALA-SCALP®  
 CAPEX SHAMPOO®  
 CARMOL HC®  
 CLOBEX®  
 CLODERM®  
 CORDRAN®  
 CUTIVATE®  
 DERMA-SMOOTH-FS®  
 DERMATOP®  
 DESONATE®  
 DESOWEN®  
 DIPROLENE AF®  
 DIPROLENE®  
 ELOCON®  
 HALOG®  
 KENALOG®  
 LOCOID LIPOCREAM®  
 LOCOID®  
 LOKARA®  
 LUXIQ®  
 OLUX-E®  
 PANDEL®  
 SYNALAR®  
 TEMOVATE®  
 TOPICORT®  
 U-CORT®  
 ULTRAVATE®  
 VANOS®  
 VERDESOR®  
 WESTCORT®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Ala-cort, Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Emollient, Clobetasol Propionate, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Aclovate, Ala-scalp Hp, Capex, Carmol Hc, Clobex, Cloderm, Cordran, Cordran Sp, Cutivate, Derma-smoothe-fs, Dermatop, Desonate, Desowen, Diprolene, Diprolene Af, Elocon, Halog, Kenalog, Locoid, Locoid Lipocream, Lokara, Luxiq, Olux-e,

## 2013 Step Therapy (ST) Criteria

Pandel, Synalar, Temovate, Topicort, Topicort Lp, U-cort, Ultravate, Vanos, Verdeso, Westcort. Authorization for a step 2 drug may be given if the patient has tried two step 1 drugs for the current condition. Authorization may be given for Luxiq foam, Olux-E foam, Clobex shampoo, Verdeso foam, or Capex shampoo without a trial of two step 1 drugs for the treatment of dermatoses of the scalp. Authorization may be given for Derma-Smoothe FS scalp oil without a trial of two step 1 drugs for the treatment of psoriasis of the scalp.

2013 Step Therapy (ST) Criteria

**TRAMADOL**

**Affected Drugs**

STEP 1 DRUGS

*tramadol*

*tramadol/apap*

STEP 2 DRUGS

CONZIP®

RYZOLT®

ULTRACET®

ULTRAM ER®

ULTRAM®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Tramadol Hcl, Tramadol Hcl-acetaminophen. Step 2 Drug(s): Conzip, Ryzolt, Ultracet, Ultram, Ultram ER.

## **ULORIC**

### **Affected Drugs**

#### STEP 1 DRUGS

*allopurinol*  
ZYLOPRIM®

#### STEP 2 DRUGS

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, Zyloprim. Step 2 Drug(s): Uloric. Authorization may be given for Uloric if the patient has tried allopurinol (brand or generic) at any time in the past. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).



## 2013 Step Therapy (ST) Criteria

ACCUPRIL®, 41  
ACCURETIC®, 41  
ACEON®, 41  
ACIPHEX®, 39  
ACLOVATE®, 45  
ACTONEL®, 26  
ACTOPLUS MET XR®, 44  
ACTOPLUS MET®, 44  
ACTOS®, 44  
ADALAT CC®, 20  
ALA-SCALP®, 45  
alclometasone, 45  
alendronate, 26  
alfuzosin hcl, 13  
allopurinol, 48  
ALTACE®, 41  
ALTOPREV®, 32  
AMBIEN CR®, 30  
AMBIEN®, 30  
amcinonide, 45  
amlodipine, 20  
AMTURNIDE®, 41  
ANAPROX DS®, 18, 22  
ANAPROX®, 18, 22  
ANTARA®, 27  
APLENZIN®, 16  
APRISO®, 33  
ARTHROTEC 50®, 18  
ARTHROTEC 75®, 18  
ASACOL HD®, 33  
ASACOL®, 33  
ATACAND HCT®, 24, 41  
ATACAND®, 24, 41  
ATELVIA®, 26  
atorvastatin calcium, 31, 32  
AVALIDE®, 24, 41  
AVANDAMET®, 44  
AVANDARYL®, 44  
AVANDIA®, 44  
AVAPRO®, 24, 41  
AVINZA®, 36  
AZOR®, 24, 41  
AZULFIDINE®, 33  
balsalazide disodium, 33  
benazepril, 24, 41  
benazepril/amlodipine besylate, 20, 24, 41  
benazepril/hctz, 24, 41  
BENICAR HCT®, 24, 41  
BENICAR®, 24, 41  
betameth/propylene glycol, 45  
betamethasone dipropionate, 45  
betamethasone valerate, 45  
BINOSTO®, 26  
BONIVA®, 26  
bupropion, 16  
CADUET®, 32  
CALAN SR®, 21  
CALAN®, 21  
CAMBIA®, 18  
candesartan cilexetil, 24, 41  
candesartan cilexetil/hctz, 24, 41  
CAPEX SHAMPOO®, 45  
captopril, 24, 41  
captopril/hctz, 24, 41  
CARDURA XL®, 13  
CARDURA®, 13  
CARMOL HC®, 45  
CATAFLAM®, 18, 22  
CELEBREX®, 22  
CELEXA®, 14  
cholestyramine/aspartame, 17  
citalopram, 14  
CLINORIL®, 18, 22  
clobetasol propionate, 45  
CLOBEX®, 45  
CLODERM®, 45  
COLAZAL®, 33  
COLESTID®, 17  
colestipol, 17  
CONZIP®, 47  
CORDRAN®, 45  
COVERA-HS®, 21  
COZAAR®, 24, 41  
CRESTOR®, 31, 32  
CUTIVATE®, 45  
DAYPRO®, 18, 22  
DELZICOL®, 33  
demeclocycline hcl, 43  
DEPAKENE®, 40

2013 Step Therapy (ST) Criteria

DEPAKOTE ER®, 40  
DEPAKOTE SPRINKLE®, 40  
DEPAKOTE®, 40  
DERMA-SMOOTH-ES®, 45  
DERMATOP®, 45  
DESONATE®, 45  
desonide, 45  
DESOWEN®, 45  
desoximetasone, 45  
DETROL LA®, 29  
DETROL®, 29  
DEXILANT®, 39  
diclofenac potassium, 18, 22  
diclofenac sodium, 18, 22  
diclofenac sodium/misoprostol, 18, 22  
diflorasone, 45  
DIOVAN HCT®, 24, 41  
DIOVAN®, 24, 41  
DIPENTUM®, 33  
DIPROLENE AF®, 45  
DIPROLENE®, 45  
DITROPAN XL®, 29  
divalproex, 40  
DORYX®, 43  
doxazosin, 13  
doxycycline hyclate, 43  
doxycycline monohydrate, 43  
DUETACT®, 44  
DUEXIS®, 18, 22  
DYNACIN®, 43  
EC-NAPROSYN®, 18, 22  
EDARBI®, 24, 41  
EDARBYCLOR®, 24, 41  
EDLUAR®, 30  
ELOCON®, 45  
ENABLEX®, 29  
enalapril, 24, 41  
enalapril maleate/hctz, 24, 41  
eprosartan mesylate, 24, 41  
escitalopram oxalate, 14  
ESOMEPRAZOLE STRONTIUM®, 39  
etodolac, 18, 22  
EXALGO®, 36  
EXFORGE HCT®, 24, 41  
EXFORGE®, 24, 41  
FELDENE®, 18, 22  
felodipine, 20  
fenofibrate, 27  
fenofibric acid, 27  
FENOGLIDE®, 27  
fenopropfen, 18, 22  
FIBRICOR®, 27  
FLECTOR®, 18  
FLOMAX®, 13  
fluocinolone acetonide, 45  
fluocinonide, 45  
fluoxetine, 14, 15  
FLUOXETINE HCL®, 14  
flurbiprofen, 18, 22  
fluticasone propionate, 45  
fluvastatin, 31, 32  
fluvoxamine, 14  
FORFIVO XL®, 16  
FORTAMET®, 37, 44  
FOSAMAX PLUS D®, 26  
FOSAMAX®, 26  
fosinopril, 24, 41  
fosinopril/hctz, 24, 41  
GELNIQUE®, 29  
GIAZO®, 33  
glipizide/metformin hcl, 44  
GLUCOPHAGE XR®, 37, 44  
GLUCOPHAGE®, 37, 44  
GLUCOVANCE®, 44  
GLUMETZA®, 37, 44  
glyburide/metformin hcl, 44  
halobetasol propionate, 45  
HALOG®, 45  
hctz/valsartan, 24, 41  
hydrocortisone, 45  
hydrocortisone butyrate, 45  
hydrocortisone valerate, 45  
HYZAAR®, 24, 41  
ibandronate, 26  
ibuprofen, 18, 22  
INDOCIN®, 18, 22  
indomethacin, 18, 22  
INTERMEZZO®, 30  
irbesartan, 24, 41  
irbesartan/hctz, 24, 41  
isradipine, 20  
JANUMET XR®, 44

## 2013 Step Therapy (ST) Criteria

JANUMET®, 44  
JENTADUETO®, 44  
KADIAN®, 36  
KAZANO®, 44  
KENALOG®, 45  
KEPPRA XR®, 34  
KEPPRA®, 34  
ketoprofen, 18, 22  
ketorolac, 18, 22  
KOMBIGLYZE XR®, 44  
LAMICTAL (BLUE)®, 35  
LAMICTAL (GREEN)®, 35  
LAMICTAL (ORANGE)®, 35  
LAMICTAL ODT®, 35  
LAMICTAL XR (BLUE)®, 35  
LAMICTAL XR (GREEN)®, 35  
LAMICTAL XR (ORANGE)®, 35  
LAMICTAL XR®, 35  
LAMICTAL®, 35  
lamotrigine, 35  
lansoprazole, 18, 39  
latanoprost, 28  
LESCOL XL®, 32  
LESCOL®, 32  
levetiracetam, 34  
LEXAPRO®, 14  
LIALDA®, 33  
LIPITOR®, 32  
LIPOFEN®, 27  
LIPTRUZET®, 32  
lisinopril, 24, 41  
lisinopril/hctz, 24, 41  
LIVALO®, 32  
LOCOID LIPOCREAM®, 45  
LOCOID®, 45  
LOFIBRA®, 27  
LOKARA®, 45  
losartan, 24, 41  
losartan /hctz, 24, 41  
LOTENSIN HCT®, 41  
LOTENSIN®, 41  
LOTREL®, 41  
lovastatin, 31, 32  
LUMIGAN®, 28  
LUNESTA®, 30  
LUVOX CR®, 14  
LUXIQ®, 45  
MAVIK®, 41  
meclofenamate, 18, 22  
mefenamic acid, 18, 22  
meloxicam, 18, 22  
metformin, 37, 44  
MEVACOR®, 32  
MICARDIS HCT®, 24, 41  
MICARDIS®, 24, 41  
MINOCIN®, 43  
minocycline, 43  
MIRAPEX ER®, 38  
MIRAPEX®, 38  
MOBIC®, 18, 22  
moexipril, 24, 41  
moexipril/hctz, 24, 41  
mometasone, 45  
MONODOX®, 43  
morphine, 36  
MS CONTIN®, 36  
MYRBETRIQ®, 29  
nabumetone, 18, 22  
NALFON®, 18, 22  
NAPRELAN®, 18, 22  
NAPROSYN®, 18, 22  
naproxen, 18, 22  
naproxen sodium, 18, 22  
NEUPRO®, 38  
NEXIUM®, 39  
nicardipine, 20  
nifedipine, 20  
nisoldipine, 20  
NORVASC®, 20  
NUCYNTA ER®, 36  
OLUX-E®, 45  
omeprazole, 18, 39  
omeprazole/sodium bicarbonat, 39  
OPANA ER®, 36  
ORACEA®, 43  
OSENI®, 44  
oxaprozin, 18, 22  
oxybutynin, 29  
OXYCONTIN®, 36  
oxymorphone, 36  
OXYTROL®, 29  
PANDEL®, 45

## 2013 Step Therapy (ST) Criteria

pantoprazole, 18, 39  
paroxetine, 14  
PAXIL CR®, 14  
PAXIL®, 14  
PENNSAID®, 18  
PENTASA®, 33  
perindopril erbumine, 24, 41  
PEXEVA®, 14  
pioglitazone hcl, 44  
pioglitazone hcl/metformin hc, 44  
pioglitazone/glimepiride, 44  
piroxicam, 18, 22  
PONSTEL®, 18, 22  
pramipexole, 38  
PRANDIMET®, 44  
PRAVACHOL®, 32  
pravastatin, 31, 32  
prednicarbate, 45  
PREVACID®, 39  
PRILOSEC®, 39  
PRINIVIL®, 41  
PRINZIDE®, 41  
PROCARDIA XL®, 20  
PROTONIX®, 39  
PROZAC WEEKLY®, 14  
PROZAC®, 14  
QUESTRAN®, 17  
quinapril, 24, 41  
quinapril/hctz, 24, 41  
ramipril, 24, 41  
RAPAFLO®, 13  
REQUIP XL®, 38  
REQUIP®, 38  
RESCULA®, 28  
RIOMET®, 37, 44  
ropinirole, 38  
ROZEREM®, 30  
RYZOLT®, 47  
SANCTURA XR®, 29  
SANCTURA®, 29  
SARAFEM®, 15  
sertraline, 14  
SILENOR®, 30  
simvastatin, 31, 32  
SOLODYN®, 43  
SONATA®, 30  
SPRIX®, 18, 22  
STAVZOR®, 40  
SULAR®, 20  
sulfasalazine, 33  
sulindac, 18, 22  
SYNALAR®, 45  
tamsulosin, 13  
TARKA®, 41  
TEKAMLO®, 41  
TEKTURNA HCT®, 41  
TEKTURNA®, 41  
TEMOVATE®, 45  
terazosin, 13  
tetracycline, 43  
TEVETEN HCT®, 24, 41  
TEVETEN®, 24, 41  
tolmetin, 18, 22  
tolterodine tartrate, 29  
TOPICORT®, 45  
TOVIAZ®, 29  
tramadol, 47  
tramadol/apap, 47  
trandolapril, 24, 41  
TRAVATAN Z®, 28  
travoprost, 28  
triamcinolone acetonide, 45  
TRIBENZOR®, 24, 41  
TRICOR®, 27  
TRILIPIX®, 27  
trospium chloride, 29  
TWINSTA®, 24, 41  
U-CORT®, 45  
ULORIC®, 48  
ULTRACET®, 47  
ULTRAM ER®, 47  
ULTRAM®, 47  
ULTRAVATE®, 45  
UNIRETIC®, 41  
UNIVASC®, 41  
UROXATRAL®, 13  
valproic acid, 40  
VANOS®, 45  
VASERETIC®, 41  
VASOTEC®, 41  
verapamil, 21  
VERDESOR®, 45

2013 Step Therapy (ST) Criteria

VERELAN PM®	21	XALATAN®	28
VERELAN®	21	zaleplon	30
VESICARE®	29	ZEGERID®	39
VIBRAMYCIN®	43	ZESTORETIC®	41
VIIBRYD®	14	ZESTRIL®	41
VIMOVO®	18	ZIOPTAN®	28
VOLTAREN®	18	ZIPSOR®	18, 22
VOLTAREN-XR®	18, 22	ZOCOR®	32
VYTORIN®	32	ZOLOFT®	14
WELCHOL®	17	zolpidem	30
WELLBUTRIN SR®	16	ZOLPIMIST®	30
WELLBUTRIN XL®	16	ZYLOPRIM®	48
WESTCORT®	45		

## 2013 Step Therapy (ST) Criteria

HIP Health Plan of New York (HIP) is a Medicare Advantage organization with a Medicare contract. Group Health Incorporated (GHI) is a Medicare Advantage organization and a standalone prescription drug plan with a Medicare contract. HIP and GHI are EmblemHealth companies.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2014.

This document includes EmblemHealth Medicare PDP partial formulary as of November 1, 2013. For a complete, updated formulary, please visit our Web site at <http://www.emblemhealth.com/medicare> or call the Customer Service number below:

For alternative formats or language, please call Customer Service toll free at: EmblemHealth Medicare PDP: 1-800-585-5786, 24 hours a day, 7 days a week

TTY/TDD users should call 1-800-899-2114, 24 hours a day, 7 days a week

13053 v13