

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ATYPICAL ANTIPSYCHOTICS

FANAPT, INVEGA, SAPHRIS

1. The member has filled a prescription for generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa for at least a 30 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 3. The member is intolerant to or had a confirmed adverse event with generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa OR 4. The member has had an inadequate treatment response to at least a 30 day trial of generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa.

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BPH - ALPHA ADRENERGIC BLOCKER
UROXATRAL

1. The member has filled a prescription for generic doxazosin, tamsulosin or terazosin for at least a 15 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with a generic alpha-1 receptor antagonist (doxazosin, tamsulosin or terazosin) OR 3. The member is intolerant to or had a confirmed adverse event with generic doxazosin, tamsulosin or terazosin OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic doxazosin, tamsulosin or terazosin.

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HMG - STATINS
VYTORIN

1. The member has filled a prescription for generic lovastatin, pravastatin or simvastatin for at least a 30 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with a generic HMG (lovastatin, pravastatin or simvastatin) OR 3. The member is intolerant to or had a confirmed adverse event with a generic statin OR 4. The member has had an inadequate treatment response to at least a 30 day trial of a generic

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INVEGA SUSTENNA
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1. The member has filled a prescription for risperidone extended-release injection for at least a 30 day supply OR
2. The member has had an inadequate treatment response to at least a 30 day trial of risperidone extended-release injection.

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NASAL STEROIDS SSI
NASONEX, RHINOCORT

1. The member has filled a prescription for generic fluticasone or flunisolide nasal for at least a 15 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with a generic nasal steroid (fluticasone or flunisolide) OR 3. The member is intolerant to or had a confirmed adverse event with a generic nasal steroid (fluticasone or flunisolide) OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic nasal steroid (fluticasone or flunisolide).

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PROTON PUMP INHIBITORS
PANTOPRAZOLE

1. The member has filled a prescription for generic omeprazole for at least a 15 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with generic omeprazole OR 3. The member is intolerant to or had a confirmed adverse event with generic omeprazole OR 4. The member has had an inadequate treatment response to at least a 15 day trial of generic omeprazole.

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TOPICAL IMMUNOSUPPRESSANT
ELIDEL, PROTOPIC

Elidel - member must be 2 years of age or older and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months. Protopic 0.03% - member must be 2 years of age or older and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months. Protopic 0.1% - member must be over 15 years of age and failed any one medium- or higher-potency corticosteroid (14 day minimum therapy) within the previous six months.

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ULORIC
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1. The member has filled a prescription for generic allopurinol for at least a 30 day supply OR 2. The member has a documented contraindication to or a potential drug interaction with generic allopurinol OR 3. The member is intolerant to or had a confirmed adverse event with generic allopurinol OR 4. The member has had an inadequate treatment response to at least a 30 day trial of generic allopurinol.