

## CareOregon Advantage Step Therapy - 2012

ABILIFY SOLUTION.....	7
<i>risperidone</i> .....	7
ABILIFY®.....	7
ACTONEL .....	8
<i>alendronate</i> .....	8
ACTONEL® .....	8
ATYPICAL ANTIPSYCHOTICS .....	9
<i>risperidone</i> .....	9
ZYPREXA®.....	9
ABILIFY®.....	9
FANAPT® .....	9
GEODON® .....	9
INVEGA®.....	9
LATUDA® .....	9
SEROQUEL XR® .....	9
SEROQUEL® .....	9
AVANDIA .....	10
ACTOPLUS MET XR® .....	10
ACTOPLUS MET® .....	10
ACTOS®.....	10
AVANDIA®.....	10
AVODART .....	11
<i>finasteride</i> .....	11

AVODART®.....	11
AZELASTINE .....	12
OTC(s).....	12
<i>azelastine hcl</i> .....	12
BENICAR .....	13
<i>benazepril</i> .....	13
<i>benazepril/hctz</i> .....	13
<i>captopril</i> .....	13
<i>captopril/hctz</i> .....	13
<i>enalapril</i> .....	13
<i>enalapril maleate/hctz</i> .....	13
<i>fosinopril</i> .....	13
<i>lisinopril</i> .....	13
<i>lisinopril/hctz</i> .....	13
<i>quinapril</i> .....	13
<i>trandolapril</i> .....	13
<i>losartan</i> .....	13
<i>losartan /hctz</i> .....	13
BENICAR HCT®.....	13
BENICAR® .....	13
CRESTOR.....	14
<i>lovastatin</i> .....	14
<i>pravastatin</i> .....	14
<i>simvastatin</i> .....	14
CRESTOR®.....	14

FAMCICLOVIR.....	15
<i>acyclovir</i> .....	15
<i>famciclovir</i> .....	15
FEXOFENADINE .....	16
OTC(s).....	16
<i>fexofenadine</i> .....	16
FOSRENOL .....	17
RENAGEL®.....	17
REVELA®.....	17
FOSRENOL®.....	17
INSPRA.....	18
<i>spironolactone</i> .....	18
<i>spironolactone/hctz</i> .....	18
<i>eplerenone</i> .....	18
JANUMET .....	19
JANUVIA®.....	19
ONGLYZA®.....	19
JANUMET®.....	19
KOMBIGLYZE XR .....	20
JANUVIA®.....	20
ONGLYZA®.....	20
KOMBIGLYZE XR®.....	20
LEVOCETIRIZINE.....	21
<i>fexofenadine</i> .....	21
<i>levocetirizine dihydrochlor</i> .....	21

LIPITOR .....	22
COUMADIN®.....	22
<i>lovastatin</i> .....	22
<i>pravastatin</i> .....	22
<i>simvastatin</i> .....	22
<i>warfarin sodium</i> .....	22
LIPITOR® .....	22
LOVAZA .....	23
NIASPAN®.....	23
OTC(s).....	23
<i>gemfibrozil</i> .....	23
LOVAZA® .....	23
NICOTINE REPLACEMENT .....	24
OTC(s).....	24
NICOTROL NS®.....	24
NICOTROL®.....	24
ODT ATYPICAL ANTIPSYCHOTICS .....	25
<i>risperidone</i> .....	25
ZYPREXA ZYDIS® .....	25
ABILIFY DISCMELT®.....	25
FAZACLO®.....	25
SAPHRIS®.....	25
PIOGLITAZONE.....	26
<i>glimepiride</i> .....	26
<i>glipizide</i> .....	26

<i>glyburide</i> .....	26
<i>glyburide/metformin hcl</i> .....	26
GLYCRON®.....	26
LANTUS® .....	26
LEVEMIR®.....	26
NOVOLIN 70-30® .....	26
NOVOLIN N®.....	26
NOVOLIN R®.....	26
NOVOLOG MIX 70-30®.....	26
NOVOLOG® .....	26
<i>metformin</i> .....	26
ACTOPLUS MET XR® .....	26
ACTOPLUS MET® .....	26
ACTOS®.....	26
PRANDIN .....	27
<i>nateglinide</i> .....	27
<i>glyburide/metformin hcl</i> .....	27
<i>metformin</i> .....	27
PRANDIN® .....	27
PREVACID .....	28
<i>omeprazole</i> .....	28
<i>pantoprazole</i> .....	28
<i>lansoprazole</i> .....	28
TOPICAL TRETINOIN.....	29
OTC(s).....	29

<i>tretinoin</i> .....	29
TRAVATAN .....	30
<i>latanoprost</i> .....	30
TRAVATAN Z® .....	30
VALACYCLOVIR .....	31
<i>acyclovir</i> .....	31
<i>valacyclovir</i> .....	31
Index .....	32

## ABILIFY SOLUTION

### Affected Drugs

#### STEP 1 DRUGS

*risperidone*

#### STEP 2 DRUGS

ABILIFY®

For autism, bipolar disorder and schizophrenia: prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to risperidone solution.

## **ACTONEL**

### **Affected Drugs**

#### STEP 1 DRUGS

*alendronate*

#### STEP 2 DRUGS

ACTONEL®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to alendronate.

## ATYPICAL ANTIPSYCHOTICS

### Affected Drugs

#### STEP 1 DRUGS

*risperidone*  
ZYPREXA®

#### STEP 2 DRUGS

ABILIFY®  
FANAPT®  
GEODON®  
INVEGA®  
LATUDA®  
SEROQUEL XR®  
SEROQUEL®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to risperidone and olanzapine.

## **AVANDIA**

### **Affected Drugs**

#### STEP 1 DRUGS

ACTOPLUS MET XR®

ACTOPLUS MET®

ACTOS®

#### STEP 2 DRUGS

AVANDIA®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Actos or Actoplus Met.

## **AVODART**

### **Affected Drugs**

#### STEP 1 DRUGS

*finasteride*

#### STEP 2 DRUGS

AVODART®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to finasteride.

## **AZELASTINE**

### **Affected Drugs**

#### STEP 1 DRUGS

*OTC(s)*

#### STEP 2 DRUGS

*azelastine hcl*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC loratadine or OTC cetirizine.

## **BENICAR**

### **Affected Drugs**

#### STEP 1 DRUGS

*benazepril*  
*benazepril/hctz*  
*captopril*  
*captopril/hctz*  
*enalapril*  
*enalapril maleate/hctz*  
*fosinopril*  
*lisinopril*  
*lisinopril/hctz*  
*quinapril*  
*trandolapril*

#### STEP 2 DRUGS

*losartan*  
*losartan /hctz*

#### STEP 3 DRUGS

**BENICAR HCT®**  
**BENICAR®**

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to 1) benazepril, benazepril-hydrochlorothiazide, captopril, captopril-hydrochlorothiazide, enalapril, enalapril-hydrochlorothiazide, fosinopril, lisinopril, lisinopril-hydrochlorothiazide, quinapril, ramipril, ortrandolapril and 2) losartan or losartan-hydrochlorothiazide.

## **CRESTOR**

### **Affected Drugs**

#### STEP 1 DRUGS

*lovastatin*

*pravastatin*

*simvastatin*

#### STEP 2 DRUGS

CRESTOR®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to lovastatin, pravastatin or simvastatin.

## **FAMCICLOVIR**

### **Affected Drugs**

#### STEP 1 DRUGS

*acyclovir*

#### STEP 2 DRUGS

*famciclovir*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to acyclovir.

## **FEXOFENADINE**

### **Affected Drugs**

#### STEP 1 DRUGS

*OTC(s)*

#### STEP 2 DRUGS

*fexofenadine*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC loratadine or OTC cetirizine.

## **FOSRENOL**

### **Affected Drugs**

#### STEP 1 DRUGS

RENAGEL®

RENVELA®

#### STEP 2 DRUGS

FOSRENOL®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Renagel OR Renvela.

## INSPRA

### Affected Drugs

#### STEP 1 DRUGS

*spironolactone*  
*spironolactone/hctz*

#### STEP 2 DRUGS

*eplerenone*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to spironolactone or spironolactone-hydrochlorothiazide.

## **JANUMET**

### **Affected Drugs**

#### STEP 1 DRUGS

JANUVIA®

ONGLYZA®

#### STEP 2 DRUGS

JANUMET®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Januvia or Onglyza.

## **KOMBIGLYZE XR**

### **Affected Drugs**

#### STEP 1 DRUGS

JANUVIA®

ONGLYZA®

#### STEP 2 DRUGS

KOMBIGLYZE XR®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Januvia or Onglyza.

## LEVOCETIRIZINE

### Affected Drugs

#### STEP 1 DRUGS

*fexofenadine*

#### STEP 2 DRUGS

*levocetirizine dihydrochlor*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to fexofenadine.

## LIPITOR

### Affected Drugs

#### STEP 1 DRUGS

COUMADIN®

*lovastatin*

*pravastatin*

*simvastatin*

*warfarin sodium*

#### STEP 2 DRUGS

LIPITOR®

1) Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to lovastatin, pravastatin or simvastatin.

## LOVAZA

### Affected Drugs

#### STEP 1 DRUGS

NIASPAN®

OTC(s)

#### STEP 2 DRUGS

*gemfibrozil*

#### STEP 3 DRUGS

LOVAZA®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to 1) OTC Niacin or Niaspan AND 2) gemfibrozil.

## NICOTINE REPLACEMENT

### Affected Drugs

#### STEP 1 DRUGS

OTC(s)

#### STEP 2 DRUGS

NICOTROL NS®

NICOTROL®

Prescription claim in the past 90 days for OTC nicotine transdermal or OTC nicotine polacrilex.

## ODT ATYPICAL ANTIPSYCHOTICS

### Affected Drugs

#### STEP 1 DRUGS

*risperidone*  
ZYPREXA ZYDIS®

#### STEP 2 DRUGS

ABILIFY DISCMELT®  
FAZACLO®  
SAPHRIS®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to risperidone ODT and olanzapine ODT.

## **PIOGLITAZONE**

### **Affected Drugs**

#### STEP 1 DRUGS

*glimepiride*  
*glipizide*  
*glyburide*  
*glyburide/metformin hcl*  
GLYCRON®  
LANTUS®  
LEVEMIR®  
NOVOLIN 70-30®  
NOVOLIN N®  
NOVOLIN R®  
NOVOLOG MIX 70-30®  
NOVOLOG®

#### STEP 2 DRUGS

*metformin*

#### STEP 3 DRUGS

ACTOPLUS MET XR®  
ACTOPLUS MET®  
ACTOS®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to 1) insulin or 2) glipizide, glyburide, or glimepiride and b) metformin.

## PRANDIN

### Affected Drugs

#### STEP 1 DRUGS

*nateglinide*

#### STEP 2 DRUGS

*glyburide/metformin hcl*  
*metformin*

#### STEP 3 DRUGS

PRANDIN®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to nateglinide and metformin.

## **PREVACID**

### **Affected Drugs**

#### STEP 1 DRUGS

*omeprazole*

*pantoprazole*

#### STEP 2 DRUGS

*lansoprazole*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Rx omeprazole and pantoprazole.

## TOPICAL TRETINOIN

### Affected Drugs

#### STEP 1 DRUGS

*OTC(s)*

#### STEP 2 DRUGS

*tretinoin*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC benzoyl peroxide.

## TRAVATAN

### Affected Drugs

#### STEP 1 DRUGS

*latanoprost*

#### STEP 2 DRUGS

TRAVATAN Z®

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to latanoprost.

## VALACYCLOVIR

### Affected Drugs

#### STEP 1 DRUGS

*acyclovir*

#### STEP 2 DRUGS

*valacyclovir*

Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to acyclovir.

## Index

ABILIFY DISCMELT®, 25  
ABILIFY®, 7, 9  
ACTONEL®, 8  
ACTOPLUS MET XR®, 10, 26  
ACTOPLUS MET®, 10, 26  
ACTOS®, 10, 26  
acyclovir, 15, 31  
alendronate, 8  
AVANDIA®, 10  
AVODART®, 11  
azelastine hcl, 12  
benazepril, 13  
benazepril/hctz, 13  
BENICAR HCT®, 13  
BENICAR®, 13  
captopril, 13  
captopril/hctz, 13  
COUMADIN®, 22  
CRESTOR®, 14  
enalapril, 13  
enalapril maleate/hctz, 13  
eplerenone, 18  
famciclovir, 15  
FANAPT®, 9  
FAZACLO®, 25  
fexofenadine, 16, 21  
finasteride, 11  
fosinopril, 13  
FOSRENOL®, 17  
gemfibrozil, 23  
GEODON®, 9  
glimepiride, 26  
glipizide, 26  
glyburide, 26  
glyburide/metformin hcl, 26, 27  
GLYCRON®, 26  
INVEGA®, 9  
JANUMET®, 19  
JANUVIA®, 19, 20  
KOMBIGLYZE XR®, 20  
lansoprazole, 28  
LANTUS®, 26  
latanoprost, 30  
LATUDA®, 9  
LEVEMIR®, 26  
levocetirizine dihydrochlor, 21  
LIPITOR®, 22  
lisinopril, 13  
lisinopril/hctz, 13  
losartan, 13  
losartan /hctz, 13  
lovastatin, 14, 22  
LOVAZA®, 23  
metformin, 26, 27  
nateglinide, 27  
NIASPAN®, 23  
NICOTROL NS®, 24  
NICOTROL®, 24  
NOVOLIN 70-30®, 26  
NOVOLIN N®, 26  
NOVOLIN R®, 26  
NOVOLOG MIX 70-30®, 26  
NOVOLOG®, 26  
omeprazole, 28  
ONGLYZA®, 19, 20  
OTC(s), 12, 16, 23, 24, 29  
pantoprazole, 28  
PRANDIN®, 27  
pravastatin, 14, 22  
quinapril, 13  
RENAGEL®, 17  
REVELA®, 17  
risperidone, 7, 9, 25  
SAPHRIS®, 25  
SEROQUEL XR®, 9  
SEROQUEL®, 9

simvastatin, 14, 22  
spironolactone, 18  
spironolactone/hctz, 18  
trandolapril, 13  
TRAVATAN Z®, 30

tretinoin, 29  
valacyclovir, 31  
warfarin sodium, 22  
ZYPREXA ZYDIS®, 25  
ZYPREXA®, 9