

2010 Formulary: Step Therapy Criteria



Drug or Drug Class	Step Therapy Criteria
ACTONEL	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to alendronate.
ACTOPLUS MET	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to pioglitazone or rosiglitazone.
AVODART	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to finasteride.
BENICAR, BENICAR HCT	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to benazepril, benazepril-hydrochlorothiazide, captopril, captopril-hydrochlorothiazide, enalapril, enalapril-hydrochlorothiazide, fosinopril, lisinopril, lisinopril-hydrochlorothiazide, quinapril, ramipril, ortrandolapril.
CRESTOR	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to lovastatin, pravastin or simvastatin.
EFFEXOR XR	1) Applies to new starts only. 2) Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to citalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline.
FAMCICLOVIR	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to acyclovir.
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.
INSPRA	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to spironolactone or spironolactone-hydrochlorothiazide.
JANUMET	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Januvia.
LIPITOR	1) Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to lovastatin, pravastin and simvastatin. OR 2) Prescription claim or medical record documentation of current use of any of the following drugs in the past 90 days: warfarin, Aptivus, Atripla, Combivir, Crixivan, didanosine, Emtriva, Epivir, Epivir HBV, Epzicom, Fuzeon, Intelence, Invirase, ISENTRESS, Kaletra, Lexiva, Norvir, Prezista, Rescriptor, Reyataz, Selzentry, stavudine, Sustiva, Trizivir, Truvada, Videx, Videx EC, Viracept, Viramune, Viread, Zerit, Ziagen, and zidovudine.
LOVAZA	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC Niacin or Niaspan AND gemfibrozil.
NICOTINE REPLACEMENT: NICOTROL NASAL SPRAY, NICOTROL INHALER	Prescription claim in the past 30 days or medical record documentation of failure of, intolerance to or contraindication to OTC nicotine transdermal or OTC nicotine polacriflex.

<b>PANTOPRAZOLE</b>	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC omeprazole magnesium or Rx omeprazole.
<b>PREVACID</b>	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC omeprazole magnesium or Rx omeprazole AND pantoprazole.
<b>TOPICAL TRETINOIN:</b> TRETINOIN CREAM, TRETINOIN GEL	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to OTC benzoyl peroxide.
<b>TRIPTANS:</b> AXERT, ZOMIG, ZOMIG ZMT	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to sumatriptan.
<b>VYTORIN</b>	Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to lovastatin, pravastatin, simvastatin or Lipitor.
<b>ZYPREXA ZYDIS</b>	1) Applies to new starts only. 2) Prescription claim in the past 90 days or medical record documentation of failure of, intolerance to or contraindication to Zyprexa (olanzapine tab or inj).