

ADHD STIMULANTS

PREREQUISITE MEDICATION(S)

ATOMOXETINE HCL, DEXEDRINE 10 MG TABLET, DEXEDRINE 5 MG TABLET, DEXMETHYLPHENIDATE HCL, DEXMETHYLPHENIDATE HCL ER, DEXTROAMPHETAMINE 10 MG TAB, DEXTROAMPHETAMINE 5 MG TAB, DEXTROAMPHETAMINE SULFATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE, METADATE ER, METHYLPHENIDATE ER, METHYLPHENIDATE 10 MG CHEW TAB, METHYLPHENIDATE 10 MG TABLET, METHYLPHENIDATE 10 MG/5 ML SOL, METHYLPHENIDATE 2.5 MG CHEW TB, METHYLPHENIDATE 20 MG TABLET, METHYLPHENIDATE 5 MG CHEW TAB, METHYLPHENIDATE 5 MG TABLET, METHYLPHENIDATE 5 MG/5 ML SOLN, METHYLPHENIDATE HCL CD, METHYLPHENIDATE HCL ER, METHYLPHENIDATE LA, METHYLPHENIDATE SR

MEDICATION(S) SUBJECT TO STEP THERAPY

STRATTERA

CRITERIA

Trial of two generic formulary products from the following: atomoxetine or ADHD stimulant medication.

ALPHA GLUCOSIDASE INHIBITOR

PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL ER 500 MG OSM-TB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

MEDICATION(S) SUBJECT TO STEP THERAPY

GLYSET

CRITERIA

Patient needs to have a paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones

ANTIDEPRESSANTS

PREREQUISITE MEDICATION(S)

BUPROPION HCL 100 MG TABLET, BUPROPION HCL 75 MG TABLET, BUPROPION HCL SR, BUPROPION XL, CITALOPRAM HBR, DESVENLAFAXINE SUCCINATE ER, DULOXETINE HCL DR 20 MG CAP, DULOXETINE HCL DR 30 MG CAP, DULOXETINE HCL DR 40 MG CAP, DULOXETINE HCL DR 60 MG CAP, ESCITALOPRAM OXALATE, FLUOXETINE DR, FLUOXETINE 20 MG/5 ML SOLUTION, FLUOXETINE HCL 10 MG CAPSULE, FLUOXETINE HCL 10 MG TABLET, FLUOXETINE HCL 20 MG CAPSULE, FLUOXETINE HCL 20 MG TABLET, FLUOXETINE HCL 40 MG CAPSULE, FLUOXETINE HCL 60 MG TABLET, FLUVOXAMINE MALEATE, FLUVOXAMINE MALEATE ER, MIRTAZAPINE, PAROXETINE CR, PAROXETINE ER, PAROXETINE HCL, SERTRALINE 20 MG/ML ORAL CONC, SERTRALINE HCL 100 MG TABLET, SERTRALINE HCL 25 MG TABLET, SERTRALINE HCL 50 MG TABLET, VENLAFAXINE HCL, VENLAFAXINE HCL ER

MEDICATION(S) SUBJECT TO STEP THERAPY

APLENZIN, DESVENLAFAXINE ER, DESVENLAFAXINE FUMARATE ER, EMSAM, FETZIMA, KHEDEZLA, PEXEVA

CRITERIA

Patient needs to have a paid claim for TWO of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.

ANTIGOUT

PREREQUISITE MEDICATION(S)

ALLOPURINOL 100 MG TABLET, ALLOPURINOL 300 MG TABLET, ALLOPURINOL 100 MG TABLET, ALLOPURINOL 300 MG TABLET

MEDICATION(S) SUBJECT TO STEP THERAPY

ULORIC

CRITERIA

Patient needs to have a paid claim for allopurinol

ATYPICAL ANTIPSYCHOTICS

PREREQUISITE MEDICATION(S)

ARIPIRAZOLE 10 MG TABLET, ARIPIRAZOLE 15 MG TABLET, ARIPIRAZOLE 2 MG TABLET, ARIPIRAZOLE 20 MG TABLET, ARIPIRAZOLE 30 MG TABLET, ARIPIRAZOLE 5 MG TABLET, ARIPIRAZOLE 10 MG TABLET, ARIPIRAZOLE 15 MG TABLET, ARIPIRAZOLE 2 MG TABLET, ARIPIRAZOLE 20 MG TABLET, ARIPIRAZOLE 30 MG TABLET, ARIPIRAZOLE 5 MG TABLET, ARIPIRAZOLE ODT, OLANZAPINE, OLANZAPINE 15 MG TABLET, OLANZAPINE 20 MG TABLET, OLANZAPINE ODT, PALIPERIDONE ER, PALIPERIDONE ER 3 MG TABLET, PALIPERIDONE ER 6 MG TABLET, QUETIAPINE FUMARATE, QUETIAPINE FUMARATE, RISPERIDONE, RISPERIDONE ODT, ZIPRASIDONE HCL, ZIPRASIDONE HCL

MEDICATION(S) SUBJECT TO STEP THERAPY

FANAPT, SAPHRIS, VRAYLAR

CRITERIA

Patient needs to have a paid claim for two generic formulary atypical antipsychotic agents

BISPHOSPHONATES

PREREQUISITE MEDICATION(S)

ALENDRONATE SODIUM, ALENDRONATE SODIUM 10 MG TAB, ALENDRONATE SODIUM 35 MG TAB, ALENDRONATE SODIUM 40 MG TAB, ALENDRONATE SODIUM 5 MG TABLET, ALENDRONATE SODIUM 70 MG TAB, IBANDRONATE SODIUM 150 MG TAB, IBANDRONATE SODIUM 150 MG TAB, RISEDRONATE SODIUM, RISEDRONATE SODIUM, RISEDRONATE SODIUM DR

MEDICATION(S) SUBJECT TO STEP THERAPY

FOSAMAX PLUS D

CRITERIA

Patient needs to have a paid claim for one generic formulary oral bisphosphonate agent

DPP4 INHIBITORS

PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

MEDICATION(S) SUBJECT TO STEP THERAPY

JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, ONGLYZA, TRADJENTA

CRITERIA

Trial of one generic metformin containing products, generic sulfonylureas, or generic thiazolidinediones

EPINEPHRINE

PREREQUISITE MEDICATION(S)

EPIPEN 2-PAK, EPIPEN JR 2-PAK

MEDICATION(S) SUBJECT TO STEP THERAPY

ADRENACLICK

CRITERIA

History of trial and failure, or intolerance to one of the following: EpiPen or EpiPen Jr or epinephrine (generic EpiPen or EpiPen Jr)

GLP1 AGONIST

PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG OSM-TB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

MEDICATION(S) SUBJECT TO STEP THERAPY

BYDUREON, BYDUREON PEN, BYETTA, TRULICITY, VICTOZA 2-PAK, VICTOZA 3-PAK

CRITERIA

Patient needs to have a paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones

PREREQUISITE MEDICATION(S)

SPIRIVA, SPIRIVA RESPIMAT

MEDICATION(S) SUBJECT TO STEP THERAPY

TUDORZA PRESSAIR

CRITERIA

Patient needs to have a paid claim for Spiriva

LEUKOTRIENE MODIFIERS

PREREQUISITE MEDICATION(S)

MONTELUKAST SOD 10 MG TABLET, MONTELUKAST SOD 4 MG GRANULES, MONTELUKAST SOD 4 MG TAB CHEW, MONTELUKAST SOD 5 MG TAB CHEW, ZAFIRLUKAST

MEDICATION(S) SUBJECT TO STEP THERAPY

ZILEUTON ER, ZYFLO, ZYFLO CR

CRITERIA

Trial of generic montelukast or generic zafirlukast.

NASONEX BRAND

PREREQUISITE MEDICATION(S)

BUDESONIDE 32 MCG NASAL SPRAY, FLUNISOLIDE 0.025% SPRAY, FLUTICASONE PROP 50 MCG SPRAY, MOMETASONE FUROATE 50 MCG SPRY, TRIAMCINOLONE 55 MCG NASAL SPR

MEDICATION(S) SUBJECT TO STEP THERAPY

NASONEX

CRITERIA

Patient needs to have a paid claim for any one generic intranasal corticosteroid

PD AGENTS

PREREQUISITE MEDICATION(S)

PRAMIPEXOLE DIHYDROCHLORIDE, PRAMIPEXOLE ER, ROPINIROLE ER, ROPINIROLE HCL

MEDICATION(S) SUBJECT TO STEP THERAPY

NEUPRO

CRITERIA

Patient needs to have a paid claim for one generic formulary dopamine agonist agent

PREREQUISITE MEDICATION(S)

GLIMEPIRIDE, GLIPIZIDE 10 MG TABLET, GLIPIZIDE 5 MG TABLET, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE-METFORMIN, GLYBURIDE 1.25 MG TABLET, GLYBURIDE 2.5 MG TABLET, GLYBURIDE 5 MG TABLET, GLYBURIDE MICRONIZED, GLYBURIDE-METFORMIN HCL, METFORMIN HCL 1,000 MG TABLET, METFORMIN HCL 500 MG TABLET, METFORMIN HCL 850 MG TABLET, METFORMIN ER 1,000 MG OSM-TAB, METFORMIN HCL ER 500 MG TABLET, METFORMIN HCL ER 750 MG TABLET, PIOGLITAZONE HCL, PIOGLITAZONE-GLIMEPIRIDE, PIOGLITAZONE-METFORMIN, REPAGLINIDE-METFORMIN HCL, TOLAZAMIDE, TOLBUTAMIDE

MEDICATION(S) SUBJECT TO STEP THERAPY

INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY

CRITERIA

Paid claim for generic formulary metformin or metformin combinations, generic sulfonylureas, or generic thiazolidinediones. Jardiance, Synjardy only: ST does not apply for patients with CV disease, defined as one of the following: h/o MI, multi-vessel CAD, left main CAD, h/o stroke, Occlusive PAD, single-vessel CAD with documentation of unstable angina or a positive stress test for ischemia.

STATINS

PREREQUISITE MEDICATION(S)

ATORVASTATIN CALCIUM, FLUVASTATIN ER, FLUVASTATIN SODIUM, LOVASTATIN, PRAVASTATIN SODIUM, SIMVASTATIN

MEDICATION(S) SUBJECT TO STEP THERAPY

ALTOPREV, LIVALO

CRITERIA

Livalo: Trial of one generic formulary HMG-CoA reductase inhibitor (statin). Altoprev: Trial of two generic formulary HMG-CoA reductase inhibitors (statin).

ZURAMPIC

PREREQUISITE MEDICATION(S)

ULORIC

MEDICATION(S) SUBJECT TO STEP THERAPY

ZURAMPIC

CRITERIA

History of trial and failure, or intolerance to Uloric

