

2010 Step Therapy Requirements as of 9/28/09 – pending STs indicated

5-HT3 Antagonist Antiemetics (<i>PENDING APPROVAL</i>)	Beneficiary must try ondansetron 4mg and 8mg for thirty days step one and fail therapy before being able to receive ondansetron 24mg, all forms of aprepitant, or all forms of granisetron for thirty days as step two and fail therapy before being able to get dolasetron as step three.
Allergy (H1 Blocking Agents/Nasal Steroid) Non-sedating	Beneficiary must try over-the-counter loratadine and cetirizine for thirty days as step one and fail therapy before being able to receive fexofenadine as step two.
Angiotensin Receptor Antagonists	Beneficiary must try benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, lisinopril, lisinopril/HCTZ, quinapril, and quinapril/HCTZ for thirty days as step one and fail therapy before being able to receive candesartan, candesartan/HCTZ, losartan, losartan/HCTZ, valsartan, and valsartan/HCTZ as step two.
Antacid/Histamine (2) Blocking Agents	Beneficiary must try ranitidine for thirty days as step one and fail therapy before being able to receive famotidine as step two.
Anticholinergic Bronchodilators	Beneficiary must try ipratropium bromide or albuterol/ipratropium for thirty days as step one and fail therapy before being able to receive tiotropium bromide as step two.
Antipsychotic	Beneficiary must try risperidone tablets or solution for thirty days as step one and fail therapy before receiving risperidone orally disintegrating tablets, risperidone consta injection, olanzapine, quetiapine, or ziprasidone for thirty days as step two and fail therapy before being able to receive aripiprazole or paliperidone as step three. Any beneficiary currently taken risperidone, olanzapine, quetiapine, ziprasidone, aripiprazole, or paliperidone will not be subject to the step therapy restrictions.
Clostridium Difficile Oral Therapy	Beneficiary must try metronidazole for thirty days as step one and fail therapy before receiving oral vancomycin as step two.
Desvenlafaxine	Beneficiary must try velafaxine for thirty days as step one and fail therapy before receiving desvenlafaxine as step two. Any beneficiary currently taking desvenlafaxine will not be subject to the step therapy restrictions.
Fibric Acid Dyslipidemics	Beneficiary must try gemfibrozil for thirty days as step one and fail therapy before receiving fenofibrate as step two.
HMGCoA Inhibitors / Cholesterol Absorption Inhibitors	Beneficiary must try simvastatin 80mg for thirty days as step one and fail therapy before receiving atorvastatin 80mg for thirty days as step two and fail therapy before receiving ezetimibe or ezetimibe/simvastatin as step three.

Migraine Abortive Agents	Beneficiary must try sumatriptan tablets or injection for thirty days as step one and fail therapy before being able to receive almotriptan tablets, zolmitriptan tablets, orally disintegrating tablets, or nasal spray, or sumatriptan nasal spray as step two.
Neuropathic Pain (<i>PENDING APPROVAL</i>)	Beneficiary must try gabapentin for thirty days as step one and fail therapy before receiving duloxetine as step two.
Non-Opioid Analgesics	Beneficiary must try oxaprozin, ibuprofen, or naproxen for thirty days as step one and fail therapy before receiving celecoxib as step two.
Opioid Analgesics	Beneficiary must try methadone, morphine IR, oxycodone IR, or morphine LA for thirty days as step one and fail therapy before receiving oxycodone SR for thirty days as step two and fail therapy before receiving fentanyl patches.
Oral Antidiabetic Agents	Beneficiary must try metformin, glipizide, glyburide, glimepride for thirty days as step one and fail therapy before receiving glipizide/metformin, glyburide/metformin, or repaglinide for thirty days as step two. Beneficiary must fail therapy of step two medications before receiving pioglitazone or acarbose for thirty days as step three and fail therapy before receiving sitagliptin phosphate, sitagliptin phosphate/metformin, exenatide, and pramlintide as step four.
Pregabalin	Beneficiary must try citalopram, sertraline, fluoxetine, bupropion, or paroxetine for thirty days as step one and fail therapy before receiving duloxetine as step two. Any beneficiary currently taking duloxetine for depression will not be subject to step therapy restrictions.
Proton Pump Inhibitors	Beneficiary must try over-the-counter omeprazole or the legend omeprazole for thirty days as step one and fail therapy before receiving pantoprazole as step two and fail therapy before receiving lansoprazole as step three.
Topical Analgesics	Beneficiary must try lidocaine ointment for thirty days as step one and fail therapy before receiving Lidoderm patches as step two.
Urinary Antispasmodics	Beneficiary must try oxybutynin for thirty days as step one and fail therapy before receiving tolterodine, or oxybutynin ER for thirty days as step two and fail therapy before receiving tolterodine ER, darifenaxin, solifenain, trospium, or Oxytrol as step three.
Xolair	Beneficiary must try zafirlukast or montelukast for thirty days as step one and fail therapy before receiving omalizumab as step two.

2010 Prior Authorization (PA) Requirements as of 9/28/09 – pending PAs indicated

Medication	PA Requirements	Prescriber Requirements	PA Duration	Exclusion Criteria or Other Information
Adalimumab (Humira) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D.	Rheumatologist or GI specialist	1 year	
Alosetron (Lotronex)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of diarrhea-predominant irritable bowel syndrome in women.	Only physicians enrolled in the GlaxoSmithKline Prescribing Program.	1 year	Stop treatment if alosetron does not adequately control irritable bowel syndrome symptoms after 4 weeks of taking 1mg twice a day
Aprepitant (Emend)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of chemotherapy induced nausea and vomiting. Should be used as an adjunct to therapy with a corticosteroid and selective serotonin reuptake inhibitor.		1 year	
Aripiprazole (Abilify Discmelt or Oral solution) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Unable to take a solid oral dosage form.		1 year	
Becaplermin (Regranex)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of diabetic neuropathic ulcers during a wound care consult.	Wound care specialist (MD, NP, or RN)	1 year	Reassess treatment if ulcer has not decreased in size by 30% after 10 weeks or complete healing has not occurred in 20 weeks.
Cyclosporine (Restasis)	All FDA-approved indications not otherwise excluded from Part D.	Ophthalmologist	1 year	

Dalteparin (Fragmin)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of deep venous thrombosis or pulmonary embolism or for the prophylaxis of deep venous thrombosis in orthopedic, abdominal, and gynecologic surgical procedures, and in acutely ill patients with restricted mobility or for coronary ischemia associated with unstable angina and non-Q-wave myocardial infarction. All candidates must also be receiving warfarin (unless contraindicated) and be hemodynamically stable		1 year	
Darbepoetin (Aranesp)	All FDA-approved indications not otherwise excluded from Part D.		6 month	Not for use in anemia of chronic disease or in patients without adequate iron or Vitamin B stores, as determined by blood testing. Patient must demonstrate adequate response within 6 months of treatment for PA renewal
Desvenlafaxine (Pristiq)	All FDA-approved indications not otherwise excluded from Part D.	Psychiatrist	1 year	
Diclofenac (Solaraze)	All FDA-approved indications not otherwise excluded from Part D.	Dermatologist	1 year	

Duloxetine (Cymbalta)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of painful neuropathy not responsive to gabapentin or diagnosis of depression with previous failure of at least one tier one antidepressant		1 year	
Eltrombopag olamine (Promacta)	All FDA-approved indications not otherwise excluded from Part D.		1 year	
Enoxaparin (Lovenox)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of deep venous thrombosis or pulmonary embolism or for the prophylaxis of deep venous thrombosis in orthopedic, abdominal, and gynecologic surgical procedures, and in acutely ill patients with restricted mobility or for coronary ischemia associated with unstable angina and non-Q-wave myocardial infarction. All candidates must also be receiving warfarin (unless contraindicated) and be hemodynamically stable.		1 year	
Epoetin (Epogen/Procrit)	All FDA-approved indications not otherwise excluded from Part D.		6 month	Not for use in anemia of chronic disease or in patients without adequate iron or Vitamin B stores, as determined by blood testing. Not for use in patients who fail to demonstrate adequate response within 6 months

				of treatment for PA renewal, goal to be set by prescriber.
Etanercept (Enbrel) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of moderate to severe active rheumatoid arthritis or other FDA approved indication with inadequate response to at least one disease-modifying anti-rheumatic drug.	Rheumatologist or specialist	1 year	
Exenatide (Byetta) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Type 2 Diabetes with failure to meet blood glucose goals on multiple oral hypoglycemic agents		1 year	
Ezetimibe (Zetia) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Must be administered with atorvastatin 40mg or atorvastatin 80mg. If simvastatin is the preferred statin, simvastatin/ezetimibe (Vytorin) is the covered product.		1 year	
Fentanyl (Duragesic)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of severe chronic pain in a non-opioid naïve patient requiring continuous administration of pain medication and unable to take a solid oral dosage form or intolerant to current oral sustained-release pain management.		1 year	Patches must be prescribed for application every 72 hours.

Fondaparinux (Arixtra)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of deep venous thrombosis or pulmonary embolism or for the prophylaxis of deep venous thrombosis in orthopedic, abdominal, and gynecologic surgical procedures, and in acutely ill patients with restricted mobility or for coronary ischemia associated with unstable angina and non-Q-wave myocardial infarction. All candidates must also be receiving warfarin (unless contraindicated) and be hemodynamically stable.		1 year	
Glatiramer (Copaxone)	All FDA-approved indications not otherwise excluded from Part D.	Neurologist	1 year	
Imiquimod (Aldara) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D.	Dermatologist	1 year	
Infliximab (Remicade) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D.	Rheumatologist or GI specialist	1 year	Either disease is moderate to severe in nature, for rheumatoid arthritis, patient should be on concomitant methotrexate, for Crohn's disease, need to be refractory to conventional treatment (i.e., prednisone, azathioprine, mercaptopurine and amnosalicylates)

Interferon Alpha 2B (Intron A, Rebetrone) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D.	Neurologist	1 year	
Interferon beta-1A (Avonex)	All FDA-approved indications not otherwise excluded from Part D.	Neurologist	1 year	
Interferon beta-1A (Rebif)	All FDA-approved indications not otherwise excluded from Part D.	Neurologist	1 year	
Interferon beta-1B (Betaseron)	All FDA-approved indications not otherwise excluded from Part D.	Neurologist	1 year	
Lacosamide (Vimpat) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Patient should have exhibited lack of parital-onset seizure control on at least two other anticonvulsants.		1 year	
Lidocaine (Lidoderm)	All FDA-approved indications not otherwise excluded from Part D. Management of pain associated with post-herpetic neuralgia, diabetic neuropathy, or chronic pain unrelieved by topical medications such as lidocaine gel. Skin in treatment area must be intact.		1 year	
Metformin Hydrochloride and Sitagliptin Phosphate (Janumet)	All FDA-approved indications not otherwise excluded from Part D. Type 2 Diabetes with failure to meet blood glucose goals on multiple oral hypoglycemic agents		1 year	

Micafungin sodium (Mycamine)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of esophageal candidiasis or for the prophylaxis of Candida infections in stem cell transplant patients. The patient must have either a history of Candida infections resistant to fluconazole or have micafungin prescribed by a specialist.		1 year	
Modafinal (Provigil)	All FDA-approved indications not otherwise excluded from Part D. To treat narcolepsy: Maximum daily dose of 400mg and member must have failed at least two formulary alternatives (methylphenidate, amphetamine) or have a contraindication to the formulary alternatives. To treat obstructive sleep apnea or hypopnea syndrome: Maximum daily dose of 400mg and be used as an adjunct to continuous positive airway pressure (CPAP), when CPAP alone isn't enough (member must have tried CPAP alone first). To treat shift work sleep disorder: maximum daily dose of 400mg and member must have failed at least two formulary alternatives (methylphenidate, amphetamine) or have a contraindication to the formulary alternatives. To treat severe (cont'd →)		1 year	

	multiple sclerosis-induced fatigue which interferes with activities of daily living: maximum daily dose of 400mg and must have failed at least two formulary alternatives (methylphenidate, amphetamine, amantadine, antidepressants).			
Montelukast sodium (Singulair Chew) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Inability to tolerate a solid oral dosage form and diagnosis of mild to moderate persistent asthma uncontrolled with an inhaled corticosteroid or diagnosis of allergic rhinitis uncontrolled by nasal steroids. Should be used in conjunction with inhaled steroids (asthma) or non-sedating antihistamine (rhinitis).		1 year	
Montelukast sodium (Singulair)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of mild to moderate persistent asthma uncontrolled with an inhaled corticosteroid or diagnosis of allergic rhinitis uncontrolled by nasal steroids. Should be used in conjunction with inhaled steroid (asthma) or non-sedating antihistamine (rhinitis).		1 year	

Neupogen (Filgrastim) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Patient must demonstrate adequate response within 6 months of treatment for PA renewal, goal to be set by prescriber. Length of pa=6 months		6 month	
Nicotine (Nicotrol NS)	All FDA-approved indications not otherwise excluded from Part D. Patient must be enrolled in a smoking cessation program and treatment must not exceed 12 weeks per year.		1 year	
Nicotine (Nicotrol)	All FDA-approved indications not otherwise excluded from Part D. Patient must be enrolled in a smoking cessation program and treatment must not exceed 12 weeks per year.		1 year	
Octreotide (Sandostatin)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of Acromegaly, Diarrhea and/or flushing associated with carcinoid tumors, Vasoactive Intestinal Peptide tumors (VIPomas), or AIDS, Bleeding esophageal varicies, TSH hypersecretion due to TSH-secreting adenoma (TSHOMA) or non-tumoral inappropriate		1 year	
Olanzapine (Zyprexa Zydis) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Unable to take a solid oral dosage form.		1 year	

Ondansetron (Zofran)	All FDA-approved indications not otherwise excluded from Part D.		1 year	
Ondansetron Dispersible tablets (Zofran ODT) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Unable to take a solid oral dosage form		1 year	
Oxycodone (OxyContin)	All FDA-approved indications not otherwise excluded from Part D. Severe chronic pain requiring long term medication and demonstrated intolerance to long acting morphine and methadone		1 year	
Paliperidone (Invega) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Patient should have exhibited failure on or intolerance to at least two other antipsychotics, including risperidone.		1 year	
Pramlintide Acetate (Symlin) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Type 2 Diabetes with failure to meet blood glucose goals on multiple oral hypoglycemic agents		1 year	
Pregabalin (Lyrica) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Failed trial of gabapentin or demonstrated intolerance to gabapentin.		1 year	
Ranolazine (Ranexa) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of chronic refractory angina unrelieved by other antianginals	Cardiologist	1 year	

Riluzole (Rilutek)	All FDA-approved indications not otherwise excluded from Part D.		1 year	
Risperidone (Risperdal M-Tab) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Unable to take a solid oral dosage form.		1 year	
Rufinamide (Banzel) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. For adjunctive therapy only - patient must have tried and failed on other anticonvulsant mono- or multi-drug therapy for Lennox-Gastaut syndrome.		1 year	
Selegiline (Emsam) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D and unable to take a solid oral dosage form.		1 year	
Sitagliptin Phosphate (Januvia) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Type 2 Diabetes with failure to meet blood glucose goals on multiple oral hypoglycemic agents		1 year	
Telithromycin (Ketek)	All FDA-approved indications not otherwise excluded from Part D. For treatment of infections due to susceptible strains of Staphylococcus aureus, Streptococcus pneumoniae (including multi-drug resistant isolates), Haemophilus influenzae, Moraxella catarrhalis, Chlamydia pneumoniae or Mycoplasma pneumoniae in patients who do not have congenital prolongation of QTc interval, ongoing proarrhythmic (cont'd →)		1 year	

	condition, such as hypokalemia or hypomagnesemia or concurrent treatment with a Class IA or Class III antiarrhythmic agent.			
Teriparatide (Forteo)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of primary idiopathic osteoporosis or hypogonadal osteoporosis in males or diagnosis of postmenopausal osteoporosis with high risk for fracture in women. Men and women must have a previous failure on a bisphosphonate.		1 year	
Testosterone (Androderm)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of hypogonadism. To continue therapy, measurable improvement must be seen and maintained after 3 months.		1 year	
Topiramate (Topamax sprinkle) (<i>PENDING APPROVAL</i>)	All FDA-approved indications not otherwise excluded from Part D. Unable to take a solid oral dosage form.		1 year	
Vancomycin (Vancocin)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of antibiotic-associated Clostridium difficile colitis where a trial of metronidazole has failed or is contraindicated.		1 year	

Zafirlukast (Accolate)	All FDA-approved indications not otherwise excluded from Part D. Diagnosis of mild to moderate persistent asthma uncontrolled with an inhaled corticosteroid or diagnosis of allergic rhinitis uncontrolled by nasal steroids. Should be used in conjunctions with inhaled steroid (asthma) or non-sedating antihistamine (rhinitis).		1 year	
Vareniciline (Chantix) <i>(PENDING APPROVAL)</i>	All FDA-approved indications not otherwise excluded from Part D. Patient must be enrolled in a smoking cessation program, treatment must not exceed 3 months per year, and patient must have failed at least 1 nicotine replacement product.		3 month	

2010 Quantity Limits Requirements as of 9/28/09

Generic Name	Brand Name	Doses	Dosage Form	QL Amount	QL Days
ALMOTRIPTAN	AXERT	6.25 MG 12.5 MG	ORAL TABLET	9	30
APREPITANT	EMEND	40 MG 80 MG 125 MG	ORAL CAPSULE	9	30
APREPITANT	EMEND TRI-FOLD PACK	80 MG / 125 MG	PACK	6	30
AZELASTINE	OPTIVAR	0.5 MG/ML	OPHTHALMIC SOLUTION	6	30
BECAPLERMIN	REGRANEX	0.0001 MG/MG	TOPICAL GEL	15	30
BIMATOPROST	LUMIGAN	0.3 MG/ML	OPHTHALMIC SOLUTION	5	30
DOLASETRON	ANZEMET	50 MG 100 MG	ORAL TABLET	9	30
FLUTICASONE / SALMETEROL	ADVAIR DISKUS 500/50	0.1 MG/0.05 MG/ACTUAT 0.25 MG/0.05 MG/ACTUAT 0.5 MG/0.05 MG/ACTUAT	DRY POWDER INHALER	60	30
LATANOPROST	XALATAN	0.05 MG/ML	OPHTHALMIC SOLUTION	5	30
LIDOCAINE	LIDODERM	0.05 MG/MG	TRANSDERMAL PATCH	90	30
LOTEPREDNOL ETABONATE	ALREX	2 MG/ML	OPHTHALMIC SUSPENSION	15	30
LOTEPREDNOL ETABONATE	LOTEMAX	5 MG/ML	OPHTHALMIC SUSPENSION	15	30

LOTEPREDNOL ETABONATE / TOBRAMYCIN	ZYLET	5 /3 MG/ML	OPHTHALMIC SUSPENSION	15	30
NICOTINE	NICOTROL NS	10 MG/ML	NASAL SPRAY	168	30
NICOTINE	NICOTROL	10 MG/ML	INHALANT SOLUTION	168	30
OLOPATADINE	PATADAY	2 MG/ML	OPHTHALMIC SOLUTION	5	30
ONDANSETRON		4 MG	DISINTEGRATING TABLET	60	30
ONDANSETRON		8 MG	DISINTEGRATING TABLET	90	30
ONDANSETRON		0.8 MG/ML	ORAL SOLUTION	900	30
ONDANSETRON		24 MG	ORAL TABLET	30	30
SALMETEROL	SEREVENT DISKUS	0.05 MG/ACTUAT	INHALANT POWDER	60	30
SUMATRIPTAN		12 MG/ML	INJECTABLE SOLUTION	6	30
SUMATRIPTAN		25 MG 50 MG 100 MG	ORAL TABLET	9	30
TRAVOPROST	TRAVATAN	0.04 MG/ML	OPHTHALMIC SOLUTION	5	30

ZOLMITRIPTAN	ZOMIG	5 MG/ACTUAT	NASAL SPRAY	6	30
ZOLMITRIPTAN	ZOMIG	2.5 MG 5 MG	ORAL TABLET	9	30
ZOLMITRIPTAN	ZOMIG-ZMT	2.5 MG 5 MG	DISINTEGRATING TABLET	9	30
KETOROLAC	ACULAR	4 MG/ML 5 MG/ML	OPHTHALMIC SOLUTION	10	30
OLOPATADINE	PATANOL	1 MG/ML	OPHTHALMIC SOLUTION	10	30
BRIMONIDINE	ALPHAGAN- P	1.5 MG/ML	OPHTHALMIC SOLUTION	10	30
BRIMONIDINE	ALPHAGAN	1 MG/ML	OPHTHALMIC SOLUTION	10	30