

2011 Medicare High Performance 3 Tier Step Therapy Criteria

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ACE-I/ARB

Affected Drugs

STEP 1 DRUGS

benazepril
benazepril/amlodipine besylate
benazepril/hctz
captopril
captopril/hctz
enalapril
enalapril maleate/hctz
fosinopril
fosinopril/hctz
lisinopril
lisinopril/hctz
losartan
losartan /hctz
moexipril
moexipril/hctz
perindopril erbumine
quinapril
quinapril/hctz
ramipril
trandolapril

STEP 2 DRUGS

DIOVAN HCT®
DIOVAN®
EXFORGE HCT®
EXFORGE®
MICARDIS HCT®
MICARDIS®
TWINSTA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril Maleate-hctz, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hctz, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e. g. , myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.

ALZHEIMER'S DRUGS

Affected Drugs

STEP 1 DRUGS

donepezil

galantamine

rivastigmine tartrate

STEP 2 DRUGS

EXELON®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Donepezil Hcl, Galantamine Hbr, Rivastigmine. Step 2 Drug(s): Exelon patches, Exelon oral solution. Authorization may be given for a Step 2 drug if the patient has tried galantamine (brand or generic) or galantamine extended-release (brand or generic). Authorization may be given for a Step 2 drug if the patient is currently taking (or has taken in the past) the requested agent. Authorization may be given for Exelon if the patient has dementia associated with Parkinson's disease or Lewy Body disease. Authorization for Exelon Patch may be given if the patient has difficulty swallowing or cannot swallow. This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SNRI

Affected Drugs

STEP 1 DRUGS

citalopram

fluoxetine

fluvoxamine

paroxetine

RAPIFLUX®

sertraline

venlafaxine

STEP 2 DRUGS

CYMBALTA®

PRISTIQ®

SAVELLA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine ER, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 SNRI [Selective Norepinephrine Reuptake Inhibitor] at any time in the past and discontinued its use may receive authorization to restart the step 2 SNRI [Selective Norepinephrine Reuptake Inhibitor] (whichever they used in the past), without a trial of a step 1 agent. Authorization may be given for a step 2 SNRI [Selective Norepinephrine Reuptake Inhibitor], without a trial of a step 1 agent, if the patient is currently taking the requested agent. Authorization may be given for a step 2 SNRI [Selective Norepinephrine Reuptake Inhibitor], without a trial of a step 1 agent, if the patient is a child or adolescent aged 18 years or less, or the patient has symptoms of suicidal ideation. Authorization may be given for Cymbalta, without a trial of a step 1 agent, if the patient (men or women) has symptoms of stress urinary incontinence. Authorization may be given for Cymbalta or Savella, without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia. Authorization may be given for Cymbalta, without a trial of a step 1 agent, if the patient has symptoms of chronic musculoskeletal pain (eg, chronic low back pain or chronic pain due to osteoarthritis). This step therapy program applies to new utilizers only.

ANTIDEPRESSANTS- SSRI

Affected Drugs

STEP 1 DRUGS

citalopram

fluoxetine

fluvoxamine

paroxetine

RAPIFLUX®

sertraline

STEP 2 DRUGS

VIIBRYD®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine ER, Rapiflux, Sertraline Hcl. Step 2 Drug(s): Viibryd. Patients who have taken a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] at any time in the past and discontinued its use may receive authorization to restart the step 2 SSRI [Selective Serotonin Reuptake Inhibitor] (whichever they used in the past). Authorization may be given for a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] if the patient is currently taking the requested agent. Authorization may be given for a step 2 SSRI [Selective Serotonin Reuptake Inhibitor] if the patient is a child or adolescent aged 18 years or less, or has suicidal ideation.

BISPHOSPHONATES ORAL

Affected Drugs

STEP 1 DRUGS

alendronate

STEP 2 DRUGS

BONIVA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate Sodium. Step 2 Drug(s): Boniva. Authorization may be given for Boniva, if the patient has an abnormality of the esophagus that delays esophageal emptying (stricture or achalasia).

COX-2

Affected Drugs

STEP 1 DRUGS

diclofenac potassium
diclofenac sodium
etodolac
fenoprofen
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
meclofenamate
mefenamic acid
meloxicam
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
sulindac
tolmetin

STEP 2 DRUGS

CELEBREX®

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Diclofenac Potassium, Diclofenac Sodium, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Celebrex. This step therapy program will exclude participants with a claims history of warfarin (Coumadin) or dabigatran (Pradaxa) within the last 130 days. Authorization for Celebrex may be given for patients who are currently taking chronic systemic corticosteroid therapy, warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), dabigatran (Pradaxa), chronic aspirin therapy, or low molecular weight heparins. Authorization for Celebrex may be given for patients with reduced platelet counts or other coagulation disorders. Authorization for Celebrex may be given for patients with familial adenomatous polyposis (FAP) or attenuated adenomatous polyposis coli (AAPC) who have adenomatous colorectal polyps. Authorization for Celebrex may be given if used for the treatment of cancer as part of a cancer-chemotherapy regimen (e. g. , in combination with chemotherapeutic agents). Authorization for Celebrex may be

given for patients who have had a documented upper gastrointestinal bleed from a duodenal or gastric ulcer. Authorization for Celebrex may be given for patients with a past hypersensitivity, anaphylactic or allergic-type reaction (e. g. , erythema, hives, urticaria, angioedema) to aspirin or NSAIDs [Non-steroidal anti-inflammatory drugs]. Authorization for Celebrex may be given to patients with aspirin-sensitive asthma (also known as aspirin-induced asthma, aspirin-exacerbated respiratory disease) or NSAID-induced asthma.

FENOFIBRATE

Affected Drugs

STEP 1 DRUGS

fenofibrate

STEP 2 DRUGS

LIPOFEN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fenofibrate. Step 2 Drug(s): Lipofen.

HMG RULE 1

Affected Drugs

STEP 1 DRUGS

lovastatin

pravastatin

simvastatin

STEP 2 DRUGS

CRESTOR®

VYTORIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor, Vytorin. Authorization may be given for a step 2 drug, if the patient has tried one step 1 drug, Advicor, or Simcor. Authorization may be given for a step 2 drug, if the patient at baseline requires a documented 45% or more reduction in LDL-C to meet NCEP ATP III LDL-C goals. Authorization for Crestor may be given for patients who are receiving Crestor doses of 10 mg or more per day. Authorization for Vytorin may be given for patients who are receiving Vytorin doses of 10 mg/20 mg or more per day. Authorization for a step 2 drug will given on an individual basis for drug-drug interactions.

LONG ACTING OPIOIDS

Affected Drugs

STEP 1 DRUGS

morphine

STEP 2 DRUGS

OPANA ER®

OXYCONTIN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.

LYRICA

Affected Drugs

STEP 1 DRUGS

gabapentin

NEURONTIN®

STEP 2 DRUGS

LYRICA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Gabapentin, Neurontin. Step 2 Drug(s): Lyrica. Participant must have 60 days of gabapentin therapy in claims history. Members with a history of the following drugs within the 130 day look back period are excluded from step therapy for Lyrica. Seizure Medications - Diazepam, Felbamate, Ethotoin, Phenytoin, Succinimides, Primidone, Phenobarbital, or Diabetic Medications - Antidiabetic Meds. Authorization for Lyrica, without a trial of a step 1 agent, may be given for patients with symptoms of seizure disorder. Authorization for Lyrica may be given if the patient has used gabapentin or Neurontin for 60 or more days. Authorization for Lyrica may be given if the patient has used gabapentin or Neurontin for any length of time at a dose 2400 mg/day or more. Authorization for Lyrica may be given if the patient cannot tolerate gabapentin due to adverse events. Authorization for Lyrica may be given, without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia. This step therapy program applies to new utilizers only.

OPHTHALMIC BETA BLOCKERS

Affected Drugs

STEP 1 DRUGS

betaxolol

carteolol

dorzolamide/timolol

levobunolol

metipranolol

timolol

STEP 2 DRUGS

COMBIGAN®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Betaxolol Hcl, Carteolol Hcl, Dorzolamide-timolol, Levobunolol Hcl, Metipranolol, Timolol Maleate. Step 2 Drug(s): Combigan.

OVERACTIVE BLADDER

Affected Drugs

STEP 1 DRUGS

oxybutynin

trospium chloride

STEP 2 DRUGS

ENABLEX®

SANCTURA XR®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er, Trospium Chloride. Step 2 Drug(s): Enablex, Sanctura XR.

PROTON PUMP INHIBITORS

Affected Drugs

STEP 1 DRUGS

lansoprazole

omeprazole

omeprazole/sodium bicarbonat

pantoprazole

STEP 2 DRUGS

NEXIUM®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium. Authorization may be given for Nexium packet drug for children less than 2 years of age.

SEDATIVE HYPNOTICS

Affected Drugs

STEP 1 DRUGS

zaleplon

zolpidem

STEP 2 DRUGS

ROZEREM®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Rozerem. Rozerem will be covered for members equal to or over the age of 65 years. For those under 65 years of age, the step therapy will apply. Authorization for Rozerem may be given if the patient has a documented history of addiction to controlled substances.

STRATTERA

Affected Drugs

STEP 1 DRUGS

amphetamine/dextroamphetamine

d-amphetamine

dexmethylphenidate

METADATE CD®

methamphetamine

methylphenidate

STEP 2 DRUGS

STRATTERA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amphetamine Salt Combo, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Metadate Cd, Metadate Er, Methamphetamine Hcl, Methylin, Methylin Er, Methylphenidate Hcl, Methylphenidate Sr. Step 2 Drug(s): Strattera. Authorization for Strattera, without a trial of a step 1 agent, may be given for patients with a documented history of addiction to controlled substances, or with a history of seizures, or if they have symptoms of co-morbid anxiety, or they have a history of motor tics or a family history or symptoms of Tourette's syndrome. Authorization for Strattera, without a trial of a step 1 agent, may be given if the patient has potential contraindications to step 1 agents such as hypertension, heart failure, recent myocardial infarction, or hyperthyroidism.

TEKTURNA

Affected Drugs

STEP 1 DRUGS

benazepril
benazepril/amlodipine besylate
benazepril/hctz
captopril
captopril/hctz
DIOVAN HCT®
DIOVAN®
enalapril
enalapril maleate/hctz
EXFORGE HCT®
EXFORGE®
fosinopril
fosinopril/hctz
lisinopril
lisinopril/hctz
losartan
losartan /hctz
MICARDIS HCT®
MICARDIS®
moexipril
moexipril/hctz
perindopril erbumine
quinapril
quinapril/hctz
ramipril
trandolapril
TWYNSTA®

STEP 2 DRUGS

AMTURNIDE®
TEKAMLO®
TEKTURNA HCT®
TEKTURNA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril Maleate-hctz, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hctz, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna,

Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.

THIAZOLIDINEDIONE

Affected Drugs

STEP 1 DRUGS

glipizide/metformin hcl
glyburide/metformin hcl
JANUMET®
KOMBIGLYZE XR®
metformin
RIOMET®

STEP 2 DRUGS

ACTOPLUS MET XR®
ACTOPLUS MET®
ACTOS®
AVANDAMET®
AVANDARYL®
AVANDIA®
DUETACT®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.

TOPICAL IMMUNOMODULATORS

Affected Drugs

STEP 1 DRUGS

alclometasone
amcinonide
betameth/propylene glycol
betamethasone dipropionate
betamethasone valerate
clobetasol propionate
desonide
desoximetasone
diflorasone
fluocinolone acetonide
fluocinonide
fluticasone propionate
halobetasol propionate
hydrocortisone
hydrocortisone butyrate
hydrocortisone valerate
mometasone
prednicarbate
triamcinolone acetonide

STEP 2 DRUGS

ELIDEL®
PROTOPIC®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Beta-val, Clobetasol Emollient, Clobetasol Propionate, Cormax, Del-beta, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Elidel, Protopic. Authorization may be given for Elidel or Protopic, if the patient has tried one prescription strength topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Protopic or Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for Protopic or Elidel may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization for Protopic may be given for patients with the following conditions after a trial of a

prescription strength topical corticosteroid: dyshidrotic palmar eczema, pyoderma gangrenosum, orofacial or perineal Crohn's disease, erosive pustular dermatosis, chronic cutaneous graft-vs-host disease (GVHD), chronic actinic dermatitis, allergic contact dermatitis, and bullous pemphigoid. Authorization may be given for Elidel or Protopic, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e. g. , azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e. g. , tetracycline, metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin). Authorization may be given for Protopic, for severe uremic pruritus if the patient has tried two other therapies for this condition (e. g. , emollients, capsaicin, topical corticosteroids, ultraviolet B irradiation).

ULORIC

Affected Drugs

STEP 1 DRUGS

allopurinol

STEP 2 DRUGS

ULORIC®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric. Authorization may be given for Uloric if the patient has tried allopurinol at any time in the past. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).

ZETIA

Affected Drugs

STEP 1 DRUGS

ADVICOR®

CRESTOR®

lovastatin

pravastatin

SIMCOR®

simvastatin

VYTORIN®

STEP 2 DRUGS

ZETIA®

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Advicor, Crestor, Lovastatin, Pravastatin Sodium, Simcor, Simvastatin, Vytorin. Step 2 Drug(s): Zetia. Authorization of Zetia may be given if the patient has tried one HMG-CoA reductase inhibitor (statin) or HMG-CoA reductase inhibitor (statin) combination product or if Zetia is being initiated in combination with an HMG-CoA reductase inhibitor (statin). Authorization for Zetia may be given if the patient is taking or will be taking a medication that has a significant drug interaction with any of the HMG-CoA reductase inhibitors [statins] (eg, cyclosporine, fibrates, niacin more than 1 g/day, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, amiodarone, and verapamil). Authorization of Zetia may be given if the patient has severe renal impairment (creatinine clearance of 30 mL/minute or less). Authorization of Zetia may be given if for management of homozygous familial sitosterolemia. Authorization of Zetia may be given for use in pregnant woman. Authorization of Zetia may be given if the patient has active liver disease or unexplained persistent elevations of serum transaminases. Exceptions are NOT recommended for Zetia for use in patients with moderate or severe hepatic insufficiency. As reviewed by a pharmacist, authorization for Zetia may be given for use in patients who have been previously diagnosed with myopathy or rhabdomyolysis (either medication-related or not medication related) OR the patient has an underlying muscle/muscle-metabolism-related disorder (eg, myositis, McArdle disease).

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