

Medicare National Preferred– Step Therapy Algorithms

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ANGIOTENSIN CONVERTING ENZYME INHIBITORS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p>ACE INHIBITORS: Generics: Captopril GC 1480 Enalapril GC 3027 Lisinopril GC 4705 Moexipril GC 5438 Fosinopril GC 3576 Benazapril GC 796 Quinapril GC 7507 Trandolapril GC 9284 Ramipril GC 7551</p> <p>ACE INHIBITOR COMBINATIONS: Generics: Captopril/HCTZ GC 91480 Enalapril/HCTZ GC 93027 Lisinopril/HCTZ GC 94705 Benazepril/HCTZ GC 90796 Quinapril/HCTZ GC 97500 Fosinopril HCTZ GC 93590 Benazapril/Amlodipine GC 90434 Moexipril/HCTZ GC 95438</p>	<p>ACE Inhibitors: Brands only: Capoten GC 1480 Vasotec GC 3027 Prinivil, Zestril GC 4705 Univasc GC 5438 Lotensin GC 796 Monopril GC 3576 Accupril GC 7507 Aceon GC 6230 Altace GC 7551 Mavik GC 9284</p> <p>ACE INHIBITOR COMBINATIONS: Brands only: Capozide GC 91480 Vaseretic GC 93027 Prinzide, Zestoretic GC 94705 Lotensin HCT GC 90796 Accuretic GC 97500 Monopril HCT GC 93590 Uniretic GC 95438 Lexxel GC 93020 Lotrel GC 90434 Tarka GC 99260</p>

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic ACEI first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ANGIOTENSIN II RECEPTOR ANTAGONISTS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p>ACE INHIBITORS (BRAND OR GENERIC): Benazapril (Lotensin[®]); Captopril (Capoten[®]); Enalapril (Vasotec[®]); Fosinopril (Monopril[®]); Lisinopril (Prinivil[®], Zestril[®]); Moexipril (Univasc[®]); Perindopril (Aceon[®]); Quinapril (Accupril[®]); Ramipril (Altace[®]); Trandolapril (Mavik[®])</p> <p>ACE INHIBITOR COMBINATION (BRAND OR GENERIC): Quinapril/HCTZ (Accuretic[®]); Fosinopril/HCTZ (Monopril HCT[®]); Benazapril/Amlodipine (Lotrel[®]); Benazapril/HCTZ (Lotensin HCT[®]); Captopril/HCTZ (Capozide[®]); Enalapril/Diltiazem (Teczem[®]); Enalapril/Felodipine (Lexxel[®]); Enalapril/HCTZ (Vaseretic[®]); Lisinopril/HCTZ(Prinzide[®], Zestoretic[®]); Moexipril/HCTZ (Uniretic[®]); Trandolapril/Verapamil (Tarka[®])</p>	<p>AII ANTAGONISTS: Irbesartan (Avapro[®]) Losartan (Cozaar[®]) Valsartan (Diovan[®]) Candesartan (Atacand[®]) Telmisartan (Micardis[®]) Eprosartan (Teveten[®]) Olmesartan (BenicarTM)</p> <p>AII ANTAGONIST COMBINATIONS: Losartan/HCTZ (Hyzaar[®]) Valsartan/HCTZ (Diovan HCT[®]) Irbesartan/HCTZ (Avalide) Candesartan/HCTZ (Atacand HCT[®]) Telmisartan/HCTZ (Micardis HCT[®]) Eprosartan /HCTZ (Teveten HCT[®]) Olmesartan/HCTZ (Benicar HCTTM) Valsartan/amlodipine (Exforge[®]) GC 90435 Valsartan/amlodipine/HCTZ (Exforge HCT) GC 90432 olmesartan medoxomil/amlodipine (Azor[®]) GC 90436</p>

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Use generic ACE inhibitor/ACE combo 1st”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ANTIDEPRESSANTS – BUPROPION

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Bupropion SR (GPI 583000401074) generics Bupropion XL GPI 583000401075 GI 1 generics	Bupropion XL (Wellbutrin XL) GPI 583000401075 GI 2 brands Bupropion Hbr (Aplenzin) GPI 583000402075 GI 2 brands

Days for claims review for select or first line drugs: 130 days
Different generics from select or first line drugs: One
History effective date: 130 days prior to effective date
Grandfathering: 130 days
On-line Pharmacy Message: "Use generic bupropion SR/XL 1st"
Override allowed: Yes
Override NCPCP #: 75
Override criteria: Standard. If not, provide Client-specific criteria.

ANTIDEPRESSANTS – SNRI

FIRST-LINE DRUGS	SECOND-LINE DRUGS
fluoxetine GC 03538 generic or brand fluvoxamine GC 03566 generic or brand fluvoxamine CR (Luvox CR) GC 03566 paroxetine GC 06137 generic or brand citalopram GC 02031 generic or brand sertraline GC 07795 generic or brand escitalopram (Lexapro) GC 3153 paroxetine Mesylate (Pexeva) GC 6138 venlafaxine (Effexor) GC 09650 generic GI 1	venlafaxine (Effexor) GC 09650 GI 2 brand venlafaxine (Effexor XR) GC 09650 GI 2 brand venlafaxine HCL ER GC 09650 GI 2 brand duloxetine (Cymbalta) GC 02992 DESVENLAFAXINE (PRISTIQ) GC 2493 SAVELLA (MILNACIPRAN) GC 5417 GI 2 BRAND

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days (Grandfathering includes all SSRI products as well as 2 nd line drugs listed above)
On-line Pharmacy Message:	“Use generic SSRI first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ANTIDEPRESSANTS - SSRI

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Generics only: Fluoxetine GCN 03538 Fluvoxamine GCN 03566 Paroxetine GCN 06137 Citalopram GCN 02031 Sertraline GCN 07795	Paroxetine brand only (Paxil®) (Paxil CR®) GCN 06137 Paroxetine mesylate (Pexeva) GCN 06138 Sertraline brand only (Zoloft®) GCN 07795 Escitalopram (Lexapro™) GCN 03153 Fluoxetine brand only (Prozac®, Prozac Weekly®, Excluding Sarafem) GCN 03538 Fluvoxamine brand only (Luvox® & Luvox CR) GCN 03566 Citalopram brand only (Celexa™) GCN 02031

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic SSRI first”
Override allowed:	Yes
Override NCCCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ANTIDEPRESSANTS – SSRI (SARAFEM)

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Fluoxetine (generic only) GCN 03538	Fluoxetine brand only (Sarafem™) NDC 00002321045, 00002322045, 54868457000, 00430043514, 00430043614

Days for claims review for select or first line drugs: 130 days
Different generics from select or first line drugs: One
History effective date: 130 days prior to effective date
Grandfathering: 130 days
Sarafem On-line Pharmacy Message: "Use generic fluoxetine"
Override allowed: Yes
Override NCPDP #: 75
Override criteria: Standard. If not, provide Client-specific criteria.

ANTIVIRALS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
acyclovir (12-40-50-10) generic only Famciclovir (Famvir) 12-40-80-40	Famciclovir (Famvir) 12-40-80-40 Brand Only Valcyclovir (Valtrex) 12-40-50-85

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	1 generic code
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic acyclovir first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

BILE ACID SEQUESTRANTS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Cholestyramine (brand or generic)	Colesevelam tablets (Welchol™ – Sankyo Pharma)
Colestipol oral suspension and micronized tablets and other dosage forms (brand or generic)	

Days for claims review for first line drugs: 130 days
Different first line drugs: One
Grandfathering: 130 days
On-line Pharmacy Message: “Use cholestyramine or colestipol first”
Override allowed: Yes
Override NCPCP #: 75
Override criteria: Standard. If not, provide Client-specific criteria.

BISPHOSPHONATEES – ORAL

FIRST-LINE DRUGS	SECOND-LINE DRUGS
alendronate GC 00198 B/G 1	Actonel/with Calcium GC 07630 and 97630 B/G 2 Fosamax Plus D GC 90198 B/G 2 Fosamax Oral Solution GC 00198 B/G 2 DC 22 Actonel GC 7630 Boniva GC 4163 DC 29

Days for claims review for select or first line drugs: 130 days
 # Different products from select or first line drugs: One
 History effective date: 130 days prior to effective date
 Grandfathering: 130 days
 On-line Pharmacy Message: “Call Dr, use generic alendronate first”
 Override allowed: Yes
 Override NCPCP #: 75
 Override criteria: Standard. If not, provide Client-specific criteria.

BRAND NSAIDS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p>Generics only: Ibuprofen (Motrin®) GC 4166 Indomethacin (Indocin®, Indocin SR®) GC 4195 Ketorolac (Toradol®) GC 4533 Piroxicam (Feldene®) GC 6685 Naproxen (Naprosyn®) GC 5568 Diclofenac sodium (Voltaren®, Voltaren XR®) GC 2631 Ketoprofen (Orudis®) GC 4537 Sulindac (Clinoril®) GC 8873 Tolmetin (Tolectin®) GC 9263 Naproxen Sodium (Anaprox®, Anaprox DS®) GC 5570 Meclofenamate (Meclomen®) GC 4903 Etodolac (Lodine®, Lodine XL®) GC 3377 Fenoprofen (Nalfon®) GC 3423 Flurbiprofen (Ansaid®) GC 3560 Diclofenac potassium (Cataflam®) GC 2630 Oxaprozin (Daypro®) GC 5923 Ketoprofen SR (Oruvail®) GC 4537 EC naproxen (Naprelan®) GC 5568 Nabumetone (Relafen®) GC 5514 Meloxicam (Mobic®) GC 4925 Generic Code 1 Mefenamic acid (Ponstel®) GC 4911 Generic Code 1</p>	<p>Brands only: Diclofenac sodium/misoprostol (Arthrotec®) GC 92631 Meloxicam (Mobic®) GC 4925 Generic Code 2 Diclofenac gel (Voltaren) GC 2631</p>

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	2 different generic codes
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message: allowed:	“Call Dr, Use 2 generic NSAIDs first” Override Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.
Post effective date coverage rule: Allow continuous users of second line drugs who have met first line criteria	120 days

CCB – DIHYDROPYRIDINES

DIPHYDROPYRIDINES: FIRST-LINE DRUGS	DIHYDROPYRIDINES: SECOND-LINE DRUGS
Generics only: Nifedipine (Generic), Nifedipine ER (Generic) 34-00-00-20 B/G 1 Felodipine (Generic) 34-00-00-13 B/G 1 Nicardipine IR (Generic) 34-00-00-18 B/G 1 Nisoldipine (Generic) 34-00-00-24 1 Isradipine (Generic) 34-00-00-15 B/G 1 Amlodipine (Generic) 34-00-00-03 B/G 1 Amlodipine/Benazepril 36-99-15-02-20 B/G 1	Brands only: Norvasc 34-00-00-03 B/G 2 Cardene, Cardene SR 34-00-00-18 B/G 2 Sular 34-00-00-24 DynaCirc, DynaCircCR 34-00-00-15 B/G 2 Procardia, Procardia XL 34-00-00-20 B/G 2 Plendil 34-00-00-13 B/G 2 Adalat CC 34-00-00-20 B/G 2

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	1 generic code
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic product first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

COX-2

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Brands or generics: Ibuprofen (Motrin [®]) GPI 66-10-00-20 Indomethacin (Indocin [®] , Indocin SR [®]) GPI 66-10-00-30 Ketorolac (Toradol [®]) GPI 66-10-00-37 Piroxicam (Feldene [®]) GPI 66-10-00-70 Naproxen (Naprosyn [®]) GPI 66-10-00-60 Naproxen Sodium (Anaprox [®] , Anaprox DS [®]) GPI 66-10-00-60 EC naproxen (Naprelan [®]) GPI 66-10-00-60 Diclofenac sodium (Voltaren [®] , Voltaren XR [®]) GPI 66-10-00-07 Diclofenac Potassium (Cataflam [®]) GPI 66-10-0007 Ketoprofen (Orudis [®]) GPI 66-10-00-35 Ketoprofen SR (Oruvail [®]) GPI 66-10-00-35 Sulindac (Clinoril [®]) GPI 66-10-00-80 Tolmetin (Tolectin [®]) GPI 66-10-00-90 Meclofenamate (Meclomen [®]) GPI 66-10-00-40 Etodolac (Lodine [®] , Lodine XL [®]) GPI 66-10-00-08 Fenoprofen (Nalfon [®]) GPI 66-10-00-10 Flurbiprofen (Ansaid [®]) GPI 66-10-00-12 Oxaprozin (Daypro [®]) GPI 66-10-00-65 Nabumetone (Relafen [®]) GPI 66-10-00-55 Meloxicam (Mobic [®]) GPI 66-10-00-52	Celecoxib (Celebrex [®]) GC 01650

This step therapy program will exclude participants with a claims history of warfarin (Coumadin[®]) within the last 130 days.

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	2 different generic codes
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, Use 2 generic NSAIDs first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

HMG COA-REDUCTASE INHIBITORS

HMG RULE 1:

RULE 1 FIRST LINE DRUGS	RULE 1 SECOND-LINE DRUGS
LOVASTATIN (39-40-00-50)(GENERIC ONLY) SIMVASTATIN (39-40-00-75) GENERIC ONLY Pravastatin (39-40-00-65) GENERIC ONLY	CRESTOR 5MG (39-40-00-60-10-03-05) VYTORIN 10MG/10MG (39-99-40-02-30-03-20)

Days for claims review for select or first line drugs: 130 days
 # Different generics from select or first line drugs: One
 History effective date: 130 days prior to effective date
 Grandfathering: 130 days
 On-line Pharmacy Message: “Call Dr, Use generic HMG first”
 Override allowed: Yes
 Override NCPCP #: 75
 Override criteria: Standard. If not, provide Client-specific criteria.

HMG Rule 2:

RULE 2 FIRST-LINE DRUGS	RULE 2 SECOND-LINE DRUGS
Crestor(39-40-00-60) Vytorin (39-99-40-02)	Lipitor 40mg & 80mg (39-40-00-10-10-03-30; 39-40-00-10-10-03-50 Caduet 40 & 80mg (40-99-25-02-15-03-15, 40-99-25-02-15-03-30; 40-99-25-02-15-03-35; 40-99-25-02-15-03-60; 40-99-25-02-15-03-65)

Days for claims review for select or first line drugs: 130 days
 # Different generics from select or first line drugs: One
 History effective date: 130 days prior to effective date
 Grandfathering: 130 days
 On-line Pharmacy Message: “Use Crestor or Vytorin 1st”
 Override allowed: Yes
 Override NCPCP #: 75
 Override criteria: Standard. If not, provide Client-specific criteria.

HMG Rule 3:

RULE 3 FIRST-LINE DRUGS	RULE 3 SECOND-LINE DRUGS
Lovastatin(39-40-00-50) GENERIC ONLY Zocor (39-40-00-75) Generic Only Pravastatin (39-40-00-65) GENERIC ONLY AND Crestor (39-40-00-60) Vytorin (39-99-40-02)	Atorvastatin (Lipitor 10mg and 20mg) (39-40-00-10-10-03-10; 39-40-00-10-10-03-20) Fluvastatin (Lescol, Lescol XL) (39-40-00-30) Lovastatin ER (Altoprev) (39-40-00-50-00-75) Caduet (10 &20mg) (40-99-25-02-15-03-05, 40-99-25-02-15-03-10, 40-99-25-02-15-03-20; 40-99-25-02-15-03-50; 40-99-25-02-15-03-25; 40-99-25-02-15-03-55) Lovastatin/Niaspan (Advicor) (39-40-99-02-45) Pravastatin (Brand Only)(39-40-00-65) Simvastatin (39-40-00-75)(Brand Only) lovastatin 39-40-00-50 (brand only) Niacin and Simvistatin (Simcor) (39-40-99-02-70)

# Days for claims review for select or first line drugs:	180 days
# Different generics from select or first line drugs:	One from each group
History effective date:	180 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Generic HMG before Crestor or Vytorin”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

Contract number(s) – Organization name(s) – Organization Type(s)

LYRICA

PRODUCTS: FIRST-LINE DRUGS	PRODUCTS: SECOND-LINE DRUGS
Gabapentin (brand or generic) (72-60-00-30)	LYRICA® (72-60-00-57)

Participant must have 60 days of gabapentin therapy in claims history.

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	1 generic code
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use Gabapentin first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

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 (72-10-00-30-00)
- Felbamate (72-12-00-20-00)
- Ethotoin (72-20-00-10-00)
- Phenytoin (72-20-00-30)
- Succinimides (Ethosuximide & Methsuximide) (72-40-00)
- Primidone (72-60-00-60-00)
- Phenobarbital (60-10-00-60-00)

Diabetic Medications

- Antidiabetic Meds (27)

METFORMIN

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Metformin GC 03712 DC 29 B/G 1 Metformin ER GC 03712 DC 12 B/G 1	Glucophage GC 03712 DC 29 B/G 2 Glucophage XR, Fortamet, Glumetza GC 03712 DC 12 B/G 2 Riomet GC 03712 DC 22 B/G 2

Participant must have 90 days of generic metformin or generic metformin ER therapy in claims history.

Days for claims review for select or first line drugs: 130 days
Different generics from select or first line drugs: One
History effective date: 130 days prior to effective date
Grandfathering: Yes
On-line Pharmacy Message: "Call Dr, use metformin for 90 days"
Override allowed: Yes
Override NCPCP #: 75
Override criteria: Standard. If not, provide Client-specific criteria.

Allow continuous users of second line drugs who have met first line criteria.

NASAL STEROIDS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
fluticasone Nasal Spray (generic for Flonase®) GC 3561 DF 72 flunisolide Nasal Spray (generic) GC 3523 DF 72	budesonide nasal spray (Rhinocort Aqua™) GC 1149 DF 72 beclomethasone nasal spray (Beconase AQ®) GC 775 DF 72 triamcinolone nasal spray (Nasacort AQ®) GC 9305 DF 72 flunisolide nasal spray (Nasarel®) GC 3523 DF 72 Brand mometasone nasal spray (Nasonex®) GC 5443 DF 69 fluticasone Nasal Spray (Brand Flonase®) GC 3561 DF 72 fluticasone furoate nasal spray (Veramyst) GC 3564 DF 72 ciclesonide nasal spray (Omnaris) GC 2000

# Days for claims review for select or first line drugs:	130
# Different generics or specific drug claims:	One
History effective date:	130 days prior to effective date
Is grandfathering allowed?	Yes
How many days previous do we allow grandfathering:	130
On-line Pharmacy Message:	“Use generic nasal steroid 1st”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria: specific criteria	Standard. If not, provide Client

NON SEDATING ANTIHISTAMINES

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p>MULTI-SOURCE NON-SEDATING ANTIHISTAMINES: Fexofenadine (Allegra®) GC 03485 GI 1 Cetirizine HCL Syrup GC 1654 GI 1</p>	<p>NON-SEDATING ANTIHISTAMINES: Fexofenadine/pseudoephedrine (Allegra-D™) GC 93500 Fexofenadine/pseudoephedrine extended release tablets (Allegra-D® 24 hr) GC 93500 Desloratadine (Clarinet®) GC02475 Desloratadine/pseudoephedrine extended-release tablets (Clarinet-D® 12 and 24 hr) GC 92475 Fexofenadine (Allegra) GC 03485 GI 2 Levocetirizine dihydrochloride (Xyzal®) GC 04649 B/G 2</p>

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic NSA first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.
Post effective date coverage rule:	120 days
Allow continuous users of second line drugs who have met first line criteria	

OVERACTIVE BLADDER

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Oxybutynin IR(generic only) GCN 05952 GI 1 Oxybutynin ER(generic only) GCN 05952 GI 1 Oxybutynin Syrup GPI 54-00-30-10-12-05	Detrol GCN 09266 GI 2 Detrol LA GCN 09266 GI 2 Sanctura/XR GCN 09496 GI 2 Vesicare GCN 08488 GI 2 Enablex GCN 02422 GI 2 Oxytrol GCN 05952 GI 2 Ditropan GCN 05952 GI 2 Ditropan XL GCN 05952 GI 2 Toviaz GCN 92385 GI 2 Gelnique Topical Gel GCN 5952 GI 2

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic Oxybutynin first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

PREVACID NAPRAPAC

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Naproxen (Naprosyn [®]) GC 5568 EC naproxen (Naprelan [®]) GC 5568 AND Omeprazole (generic only) GC 5850	Lansoprazole/naproxen (Prevacid [®] NapraPac [™]) GC 94595

Days for claims review for select or first line drugs: 130 days
Different generics from select or first line drugs: Use 1 each of naproxen and omeprazole
History effective date: 130 days prior to effective date
Grandfathering: 130 days
On-line Pharmacy Message: “use generic omeprazole & naproxen first”.

PPI ENHANCED

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Omeprazole (generic) GC 5850 Pantoprazole (generic) GC 6078 B/G 1	Esomeprazole (Nexium®) GC 3155 Pantoprazole (Protonix® tabs & susp) GC 6078 B/G 2

Days for claims review for select or first line drugs: 130 days
 # Different generics from select or first line drugs: One
 History effective date: 130 days prior to effective date
 Grandfathering: 130 days
 o Injectables are not included in the drug groups nor in the look back period

On-line Pharmacy Message: “Call Dr, use generic omeprazole first.”
 Override allowed: Yes
 Override NCPCP #: 75
 Override criteria: Standard. If not, provide Client-specific criteria.
 Post effective date coverage rule: Allow continuous users of second line drugs who have met first line criteria Yes

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Esomeprazole (Nexium®) GC 3155	Prilosec ® (brand) GC 5850 Rabeprazole (Aciphex®) GC 7540 Zegerid ™ Capsules and packets GC 95850 Lansoprazole (Prevacid®/Prevacid SoluTab™, Prevacid® Suspension) GC 4590 Kapidex GC 2526 G2

Days for claims review for select or first line drugs: 130 days
 # Different generics from select or first line drugs: One
 History effective date: 130 days prior to effective date
 Grandfathering: 130 days
 o Injectables are not included in the drug groups nor in the look back period

On-line Pharmacy Message: “Use generic PPI B4 Nexium, Protonix.”
 Override allowed: Yes
 Override NCPCP #: 75
 Override criteria: Standard. If not, provide Client-specific criteria.
 Post effective date coverage rule: Allow continuous users of second line drugs who have met first line criteria Yes

SEDATIVE HYPNOTICS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
zolpidem tartrate tablets (Ambien) GPI 602040801003 B/G 1 zaleplon capsules (Generic only) GPI 60204070000120	zolpidem tartrate extended-release (Ambien CR) GPI 602040801004 zaleplon capsules (Sonata) GC 9798 B/G 2 ramelteon tablets (Rozerem) GC 7550 <65* eszopiclone tablets (Lunesta) GC 3198 zolpidem tartrate tablets (Ambien) GPI 602040801003 B/G 2

*Rozerem will be covered for members equal to or over the age of 65. For those under the age of 65, the Step therapy will apply

# Days for claims review for select or first line drugs:	130
# Different generics or specific drug claims:	One
History effective date:	130 days prior to effective date
Is grandfathering allowed?	Yes
How many days previous do we allow grandfathering:	130
On-line Pharmacy Message:	“ Use generic zolpidem IR or generic zaleplon first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria: specific criteria	Standard. If not, provide Client

STRATTERA

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p>Therapy Class 59100 (Excluding GC 5441 and GC 6154): Amphetamines</p> <ul style="list-style-type: none"> • Mixed amphetamine salts [dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine sulfate, amphetamine aspartate] immediate-release tablets (Adderall; generic)/ extended-release capsules (Adderall XR) • Dextroamphetamine immediate release (Dexedrine, generics)/ sustained release (Dexedrine Spansules, generics) • Dextroamphetamine sulfate liquid (Liquadd) • Methamphetamine (Desoxyn) • Lisdexamfetamine (Vyvanse) <p>Methylphenidate/dexmethylphenidate</p> <ul style="list-style-type: none"> • methylphenidate extended-release tablets or capsules (Concerta, Methylin ER, Methylin Chewable, Metadate CD, Metadate ER, Ritalin LA, Ritalin-SR, generics) • methylphenidate immediate release (Ritalin, Methylin, generics) • dexmethylphenidate immediate-release tablets (Focalin, generics) • dexmethylphenidate extended-release capsules (Focalin XR) <p>methylphenidate transdermal system (Daytrana)</p>	<p>atomoxetine (Strattera) GC 706</p>

Days for claims review for first line drugs: 130 days
 (Supported via therapy class 59100 “CNS Stimulant Drugs” excluding Provigil and pemoline [Cylert, generics])

Different first line drugs: One

Grandfathering: Yes

On-line Pharmacy Message: “Call Dr, try stimulant first”

Override allowed: Yes

Override NCPCP #: 75

Override criteria: Standard. If not, provide Client-specific criteria.

Allow continuous users of second line drugs who have met first line criteria.

TEKTURNA

FIRST-LINE DRUGS	SECOND-LINE DRUGS
<p><u>ACE INHIBITORS: GPI 36-10 (BRAND OR GENERIC)</u> (benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril,trandolapril)</p> <p><u>ACE Inhibitor/Thiazide combo products: GPI 36-99-18 (brand or generic)</u> (quinapril/HCTZ, fosinopril/HCTZ, benazapril/HCTZ, captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, moexipril/HCTZ)</p> <p><u>ACE Inhibitor/CCB combo products: GPI 36-99-15 (brand or generic)</u> (benazepril/amlodipine, enalapril/felodipine, trandolapril/verapamil)</p> <p><i>A trial of an ACE Inhibitor/ACE Inhibitor combo product is not required if the member has tried an ARB or ARB combination product (this is automated criteria):</i></p> <p><u>Angiotensin Receptor Blockers (ARBs): GPI 36-15 (brand or generic)</u> (irbesartan, losartan, valsartan, candesartan, atacand, telmisartan, eprosartan, olmesartan)</p> <p><u>ARB/Thiazide combo products: GPI 36-99-40 (brand or generic)</u> (losartan/HCTZ, valsartan/HCTZ, irbesartan/HCTZ, candesartan/HCTZ, telmisartan/HCTZ, eprosartan /HCTZ, olmesartan/HCTZ)</p>	<p>aliskiren (Tekturna) GC 00204 B/G 2 aliskiren/HCTZ (Tekturna HCT) GC 90204 B/G 2</p>

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Use generic ACE inhibitor/ACE combo 1st”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

THIAZOLIDINEDIONE

FIRST-LINE DRUGS	SECOND-LINE DRUGS
metformin, metformin extended-release (Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, generics) GPI 27-25-00-50 metformin/glipizide (Metaglip, generics) GPI 27-99-70-02-35 metformin/glyburide (Glucovance, generics) GPI 27-99-70-02-40 metformin/sitagliptin (Janumet) GPI 27-99-25-02-70 metformin/repaglinide (Prandimet) GPI 27-99-50-02-70-03	pioglitazone (Actos) GPI 27-60-70-50 B/G 2 rosiglitazone (Avandia) GPI 27-60-70-60 B/G 2 metformin/pioglitazone (Actoplus Met) GPI 27-99-80-02-40 B/G 2 metformin/rosiglitazone (Avandamet) GPI 27-99-80-02-60 B/G 2 pioglitazone/glimepiride (Duetact) GPI 27-99-78-02-40 B/G 2 rosiglitazone/glimepiride (Avandaryl) GPI 27-99-78-02-60 B/G 2

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	One
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic metformin first”
Override allowed:	Yes
Override NCPDP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

TOPICAL CORTICOSTEROIDS

FIRST-LINE DRUGS	SECOND-LINE DRUGS
topical corticosteroids (90-55-00) – generic only	Brand only: Ultravate (90-55-00-73-10) Florone/Florone E (90-55-00-70-00) Halog/ Halog E (90-55-00-70-00) Cloderm (90-55-00-30-10) Olux/Temovate/Clobex (90-55-00-25-10) Cordran/ Cordran SP (90-55-00-65-00) Locoid (90-55-00-75-30) Locoid Lipo (90-55-00-75-32) Pandel (90-55-00-75-27) Luxiq (90-55-00-20-10-39)/ (90-55-00-20-10-this includes all valerate products) Elocon (90-55-00-82-10) Aclovate (90-55-00-05-10) Cyclocort (90-55-00-10-00) Diprolene (90-55-00-20-00) Diprolene AF (90-55-00-20-05) Topicort (90-55-00-40-00) Florone (90-55-00-50-10) Florone E (90-55-00-50-15) Cutivate (90-55-00-68-10) DesOwen (90-55-00-35-00) Synalar/Capex (90-55-00-55-10) Lidex (90-55-00-60-00) Lidex E (90-55-00-60-10) Westcort (90-55-00-75-20) Dermatop (90-55-00-83-00) Kenalog (90-55-00-85-10) Vanos (90-55-00-60-00-37-10) Verdeso (90-55-00-35-00-39-20) Desonate (90-55-00-35-00-40-20)

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	2 different generic codes
History effective date:	130 days prior to effective date
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use generic first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

TOPICAL IMMUNOMODULATORS

FIRST-LINE DRUGS (BRAND OR GENERIC)	SECOND-LINE DRUGS
aclometasone dipropionate cream and ointment (Aclovate®) amcinonide cream, lotion, and ointment (Cyclocort®) betamethasone dipropionate, augmented gel, lotion, ointment, and cream (Diprolene®/Diprolene® AF) clobetasone propionate cream, gel, and ointment (Temovate®) clobetasol propionate foam (Olux) clocortolone pivalate cream (Cloderm®) desoximetasone cream, gel, and ointment (Topicort®) diflorasone diacetate cream and ointment (Florone®/Florone® E) diflorasone diacetate cream and ointment (Psorcon® E) flurandrenolide lotion, ointment, and cream (Cordran®) fluticasone propionate cream and ointment (Cutivate®) halcinonide cream, ointment, and solution (Halog/Halog E) halobetasol propionate cream and ointment (Ultravate®) hydrocortisone buteprate cream (Pandel®) hydrocortisone butyrate cream, ointment, lotion and solution (Locoid®) mometasone furoate cream, lotion, and ointment (Elocon®) triamcinolone acetonide cream, lotion and ointment (Kenalog®; Aristocort®)	pimecrolimus cream (Elidel®) tacrolimus ointment (Protopic®)

# Days for claims review for first line drugs:	60 days
# Different first line drugs:	One
Grandfathering:	130 days
On-line Pharmacy Message:	“Call Dr, use Rx topical steroid first”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ULORIC

FIRST-LINE DRUGS	SECOND-LINE DRUGS
Zyloprim (Allopurinol) (GPI 68-00-00-10-00-03) brand and generic Probenecid (GPI 68-00-00-10-00-03) G1 Probenecid/colchicine (GPI 68-99-00-02-10-03-10) G1	Uloric (GPI 68-00-00-30-00-03) G2

# Days for claims review for first line drugs:	130 days
# Different first line drugs:	One
Grandfathering:	130 days
On-line Pharmacy Message:	“Allopurinol, Probenecid, prior to Uloric”
Override allowed:	Yes
Override NCPCP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.

ZETIA

FIRST-LINE DRUGS (BRAND OR GENERIC)	SECOND-LINE DRUGS
atorvastatin (Lipitor) (39-40-00-10) fluvastatin (Lescol and Lescol XL) (39-40-00-30) lovastatin (Mevacor, generic) (39-40-00-50-00-03) lovastatin ER (Altoprev) (39-40-00-50-00-75) pravastatin (Pravachol, generic) (39-40-00-65) simvastatin (Zocor, generic) (39-40-00-75) atorvastatin and amlodipine (Caduet) (40-99-25-02) rosuvastatin (Crestor) (39-40-00-60) lovastatin and niaspan (Advicor) (39-40-99-02-45) simvastatin and ezetimibe (Vytorin) (39-99-40-02) Niacin and Simvastatin (Simcor) (37-40-99-02-70)	ezetimibe (Zetia) (39-30-00-30)

# Days for claims review for first line drugs:	130 days
# Different first line drugs:	One
Grandfathering:	130 days
On-line Pharmacy Message:	“Formulary HMG prior to Zetia”
Override allowed:	Yes
Override NCPDP #:	75
Override criteria:	Standard. If not, provide Client-specific criteria.