



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ANTIDEPRESSANTS - SSRI (SARAFEM)	29
<i>fluoxetine</i>	29
SARAFEM®.....	29
ANTIDEPRESSANTS-BUPROPION.....	30
APLENZIN®.....	30
<i>bupropion</i>	30
WELLBUTRIN XL®.....	30
ANTIVIRALS	31
<i>acyclovir</i>	31
<i>famciclovir</i>	31
FAMVIR®.....	31
<i>valacyclovir</i>	31
VALTREX®.....	31
ZOVIRAX®	31
AVODART	32
AVODART®.....	32
<i>finasteride</i>	32
PROSCAR®.....	32
BETA-BLOCKERS	33
<i>acebutolol</i>	33
<i>atenolol</i>	33
<i>bendroflumethiazide/nadolol</i>	33
BETAPACE AF®.....	33



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

BETAPACE® 33
betaxolol..... 33
bisoprolol..... 33
BYSTOLIC®..... 33
CARTROL®..... 33
carvedilol..... 33
chlorthalidone/atenolol..... 33
COREG CR®..... 33
COREG®..... 33
CORGARD®..... 33
CORZIDE®..... 33
hctz/bisoprolol fumarate..... 33
hctz/metoprolol..... 33
hctz/propranolol 33
INDERAL LA® 33
INNOPRAN XL®..... 33
KERLONE®..... 33
labetalol 33
LEVATOL® 33
LOPRESSOR HCT®..... 33
LOPRESSOR®..... 33
metoprolol succinate..... 33
metoprolol tartrate..... 33
nadolol 33



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

pindolol 33

propranolol..... 33

SECTRAL®..... 33

sotalol 33

TENORETIC 100®..... 33

TENORETIC 50®..... 33

TENORMIN® 33

timolol 34

TOPROL XL® 34

TRANDATE®..... 34

ZEBETA® 34

ZIAC®..... 34

BILE ACID SEQUESTRANTS..... 35

cholestyramine/aspartame 35

cholestyramine/sucrose 35

COLESTID® 35

colestipol..... 35

QUESTRAN LIGHT®..... 35

QUESTRAN® 35

WELCHOL®..... 35

BRAND NSAIDS 36

ANAPROX DS®..... 36

ANAPROX®..... 36

ARTHROTEC 50®..... 36



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ARTHROTEC 75®.....	36
CATAFLAM®.....	36
CLINORIL®.....	36
DAYPRO®.....	36
<i>diclofenac potassium</i>	36
<i>diclofenac sodium</i>	36
EC-NAPROSYN®.....	36
<i>etodolac</i>	36
FELDENE®.....	36
<i>fenoprofen</i>	36
FLECTOR®.....	36
<i>flurbiprofen</i>	36
<i>ibuprofen</i>	36
INDOCIN SR®.....	36
INDOCIN®.....	36
<i>indomethacin</i>	36
<i>ketoprofen</i>	36
<i>ketorolac</i>	36
<i>meclofenamate</i>	36
<i>meloxicam</i>	36
MOBIC®.....	36
<i>nabumetone</i>	36
NALFON®.....	36
NAPRELAN®.....	36



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

NAPROSYN® 36

naproxen 36

naproxen sodium 36

oxaprozin 36

piroxicam 36

PONSTEL® 36

sulindac 36

tolmetin 36

VOLTAREN® 37

VOLTAREN-XR® 37

ZIPSOR® 37

CCB - VERAPAMIL 38

CALAN SR® 38

CALAN® 38

COVERA-HS® 38

ISOPTIN SR® 38

verapamil 38

VERELAN PM® 38

VERELAN® 38

COX-2 39

ANAPROX DS® 39

ANAPROX® 39

CATAFLAM® 39

CELEBREX® 39



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

CLINORIL®.....	39
DAYPRO®.....	39
<i>diclofenac potassium</i>	39
<i>diclofenac sodium</i>	39
EC-NAPROSYN®.....	39
<i>etodolac</i>	39
FELDENE®.....	39
<i>fenoprofen</i>	39
<i>flurbiprofen</i>	39
<i>ibuprofen</i>	39
INDOCIN SR®	39
INDOCIN®.....	39
<i>indomethacin</i>	39
<i>ketoprofen</i>	39
<i>ketorolac</i>	39
<i>meclofenamate</i>	39
<i>meloxicam</i>	39
MOBIC®	39
<i>nabumetone</i>	39
NALFON®.....	39
NAPRELAN®.....	39
NAPROSYN®.....	39
<i>naproxen</i>	39
<i>naproxen sodium</i>	39



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

oxaprozin 39

piroxicam..... 39

PONSTEL® 39

sulindac..... 39

tolmetin 39

VOLTAREN® 39

VOLTAREN-XR®..... 39

ZIPSOR®..... 40

ENHANCED ACE-I/ARB 41

ACCUPRIL® 41

ACCURETIC® 41

ACEON® 41

ALTACE® 41

ATACAND HCT®..... 41

ATACAND® 41

AVALIDE® 41

AVAPRO® 41

AZOR® 41

benazepril 41

benazepril/amlodipine besylate..... 41

benazepril/hctz..... 41

BENICAR HCT®..... 41

BENICAR® 41

CAPOTEN®..... 41



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

<i>captopril</i>	41
<i>captopril/hctz</i>	41
COZAAR®	41
DIOVAN HCT®	41
DIOVAN®	41
<i>enalapril</i>	41
<i>enalapril maleate/hctz</i>	41
EXFORGE HCT®	41
EXFORGE®.....	41
<i>fosinopril</i>	41
<i>fosinopril/hctz</i>	41
HYZAAR®.....	41
<i>lisinopril</i>	41
<i>lisinopril/hctz</i>	41
<i>losartan</i>	41
<i>losartan /hctz</i>	41
LOTENSIN HCT®.....	41
LOTENSIN®	41
LOTREL®	41
MAVIK®	41
MICARDIS HCT®	42
MICARDIS®.....	42
<i>moexipril</i>	42
<i>moexipril/hctz</i>	42



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

MONOPRIL HCT®.....	42
MONOPRIL®.....	42
<i>perindopril erbumine</i>	42
PRINIVIL®.....	42
PRINZIDE®.....	42
<i>quinapril</i>	42
<i>quinapril/hctz</i>	42
<i>ramipril</i>	42
TARKA®.....	42
TEVETEN HCT®.....	42
TEVETEN®.....	42
<i>trandolapril</i>	42
TWYNSTA®.....	42
UNIRETIC®.....	42
UNIVASC®.....	42
VASERETIC®.....	42
VASOTEC®.....	42
ZESTORETIC®.....	42
ZESTRIL®.....	42
ENHANCED ANTIDEPRESSANTS- SSRI/SNRI.....	44
CELEXA®.....	44
<i>citalopram</i>	44
CYMBALTA®.....	44
EFFEXOR XR®.....	44



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

EFFEXOR®	44
<i>fluoxetine</i>	44
<i>fluvoxamine</i>	44
LEXAPRO®	44
LUVOX CR®	44
<i>paroxetine</i>	44
PAXIL CR®	44
PAXIL®	44
PEXEVA®	44
PRISTIQ®	44
PROZAC WEEKLY®	44
PROZAC®	44
SAVELLA®	44
<i>sertraline</i>	44
<i>venlafaxine</i>	44
VENLAFAXINE HCL ER®	44
ZOLOFT®	44
ENHANCED BISPHOSPHONATES ORAL.....	46
ACTONEL WITH CALCIUM®	46
ACTONEL®	46
<i>alendronate</i>	46
BONIVA®.....	46
FOSAMAX PLUS D®.....	46
FOSAMAX®.....	46



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ENHANCED CCB - DIHYDROPYRIDINES.....	47
ADALAT CC®.....	47
<i>amlodipine</i>	47
<i>benazepril/amlodipine besylate</i>	47
CARDENE SR®.....	47
DYNACIRC CR®	47
<i>felodipine</i>	47
<i>isradipine</i>	47
<i>nicardipine</i>	47
<i>nifedipine</i>	47
<i>nimodipine</i>	47
<i>nisoldipine</i>	47
NORVASC®.....	47
PROCARDIA XL®.....	47
PROCARDIA®.....	47
SULAR®	47
ENHANCED FENOFIBRATE	48
ANTARA®.....	48
<i>fenofibrate</i>	48
FENOGLIDE®.....	48
LIPOFEN®.....	48
LOFIBRA®.....	48
TRICOR®	48
TRIGLIDE®.....	48



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

TRILIPIX®.....	48
ENHANCED NASAL STEROIDS	49
BECONASE AQ®	49
FLONASE®	49
<i>flunisolide</i>	49
<i>fluticasone propionate</i>	49
NASACORT AQ®	49
NASAREL®	49
NASONEX®.....	49
OMNARIS®.....	49
RHINOCORT AQUA®	49
VERAMYST®.....	49
ENHANCED NON-SEDATING ANTIHISTAMINES.....	50
ALLEGRA®.....	50
ALLEGRA-D 12 HOUR®	50
ALLEGRA-D 24 HOUR®	50
<i>cetirizine</i>	50
CLARINEX®	50
CLARINEX-D 12 HOUR®.....	50
CLARINEX-D 24 HOUR®.....	50
<i>fexofenadine</i>	50
XYZAL®.....	50
ENHANCED OVERACTIVE BLADDER	51
DETROL LA®	51



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

DETROL®..... 51

DITROPAN XL® 51

ENABLEX®..... 51

GELNIQUE®..... 51

oxybutynin..... 51

OXYTROL® 51

SANCTURA XR®..... 51

SANCTURA®..... 51

TOVIAZ® 51

VESICARE® 51

ENHANCED SEDATIVE HYPNOTICS..... 52

 AMBIEN CR® 52

 AMBIEN® 52

 EDLUAR®..... 52

 LUNESTA®..... 52

 ROZEREM® 52

 SONATA® 52

zaleplon 52

zolpidem..... 52

HMG RULE 1 53

 CRESTOR®..... 53

lovastatin..... 53

pravastatin 53

simvastatin..... 53



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

VYTORIN® 53

HMG RULE 2 54

 CADUET® 54

 CRESTOR® 54

 LIPITOR® 54

 VYTORIN® 54

HMG RULE 3 55

 ALTOPREV® 55

 CADUET® 55

 CRESTOR® 55

 LESCOL XL® 55

 LESCOL® 55

 LIPITOR® 55

lovastatin 55

 MEVACOR® 55

 PRAVACHOL® 55

pravastatin 55

simvastatin 55

 VYTORIN® 55

 ZOCOR® 55

KEPPRA 56

 KEPPRA XR® 56

 KEPPRA® 56

levetiracetam 56



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

LAMICTAL.....	57
LAMICTAL (BLUE)®.....	57
LAMICTAL (GREEN)®.....	57
LAMICTAL (ORANGE)®.....	57
LAMICTAL ODT®.....	57
LAMICTAL XR (BLUE)®.....	57
LAMICTAL XR (GREEN)®.....	57
LAMICTAL XR (ORANGE)®.....	57
LAMICTAL XR®.....	57
LAMICTAL®.....	57
<i>lamotrigine</i>	57
LYRICA.....	58
<i>gabapentin</i>	58
LYRICA®.....	58
NEURONTIN®.....	58
METFORMIN.....	59
FORTAMET®.....	59
GLUCOPHAGE XR®.....	59
GLUCOPHAGE®.....	59
GLUMETZA®.....	59
<i>metformin</i>	59
RIOMET®.....	59
OPHTHALMIC BETA BLOCKERS.....	60
BETAGAN®.....	60



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

<i>betaxolol</i>	60
BETIMOL®	60
BETOPTIC S®	60
<i>carteolol</i>	60
COMBIGAN®.....	60
COSOPT®.....	60
<i>dorzolamide/timolol</i>	60
ISTALOL®	60
<i>levobunolol</i>	60
<i>metipranolol</i>	60
OPTIPRANOLOL®	60
<i>timolol</i>	60
TIMOPTIC OCUDOSE®.....	60
TIMOPTIC-XE®	60
PPI ENHANCED	61
ACIPHEX®	61
DEXILANT®.....	61
KAPIDEX®.....	61
<i>lansoprazole</i>	61
NEXIUM®	61
<i>omeprazole</i>	61
<i>pantoprazole</i>	61
PREVACID®.....	61
PRILOSEC®	61



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

PROTONIX®.....	61
ZEGERID®	61
PREVACID NAPRAPAC	62
ANAPROX DS®.....	62
ANAPROX®.....	62
EC-NAPROSYN®	62
<i>lansoprazole</i>	62
NAPRELAN®.....	62
NAPROSYN®	62
<i>naproxen</i>	62
<i>naproxen sodium</i>	62
<i>omeprazole</i>	62
PREVACID NAPRAPAC®	62
VIMOVO®.....	62
STAVZOR	63
DEPAKENE®.....	63
DEPAKOTE ER®.....	63
DEPAKOTE SPRINKLE®.....	63
DEPAKOTE®.....	63
<i>divalproex</i>	63
STAVZOR®	63
<i>valproic acid</i>	63
STRATTERA.....	64
ADDERALL XR®	64



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ADDERALL®	64
<i>amphetamine/dextroamphetamine</i>	64
CONCERTA®	64
<i>d-amphetamine</i>	64
DAYTRANA®.....	64
DESOXYN®.....	64
DEXEDRINE®	64
<i>dexmethylphenidate</i>	64
FOCALIN XR®.....	64
FOCALIN®.....	64
INTUNIV®.....	64
METADATE CD®.....	64
<i>methamphetamine</i>	64
METHYLIN®	64
<i>methylphenidate</i>	64
RITALIN LA®	64
RITALIN®	64
RITALIN-SR®	64
STRATTERA®	64
VYVANSE®	64
TEKTURNA.....	65
ACCUPRIL®	65
ACCURETIC®	65
ACEON®	65



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ALTACE® 65

ATACAND HCT®..... 65

ATACAND®..... 65

AVALIDE®..... 65

AVAPRO®..... 65

AZOR® 65

benazepril 65

benazepril/amlodipine besylate..... 65

benazepril/hctz..... 65

BENICAR HCT®..... 65

BENICAR® 65

CAPOTEN®..... 65

captopril 65

captopril/hctz..... 65

COZAAR® 65

DIOVAN HCT® 65

DIOVAN® 65

enalapril 65

enalapril maleate/hctz..... 65

EXFORGE HCT® 65

EXFORGE®..... 65

fosinopril..... 65

fosinopril/hctz..... 65

HYZAAR®..... 65



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

lisinopril..... 65

lisinopril/hctz 65

losartan 65

losartan /hctz..... 65

LOTENSIN HCT®..... 65

LOTENSIN® 65

LOTREL® 65

MAVIK®..... 65

MICARDIS HCT® 66

MICARDIS®..... 66

moexipril..... 66

moexipril/hctz..... 66

MONOPRIL HCT®..... 66

MONOPRIL® 66

perindopril erbumine 66

PRINIVIL® 66

PRINZIDE®..... 66

quinapril 66

quinapril/hctz..... 66

ramipril..... 66

TARKA® 66

TEKTURNA HCT®..... 66

TEKTURNA®..... 66

TEVETEN HCT® 66



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

TEVETEN®.....	66
<i>trandolapril</i>	66
TWYNSTA®.....	66
UNIRETIC®.....	66
UNIVASC®.....	66
VALTURNA®.....	66
VASERETIC®.....	66
VASOTEC®.....	66
ZESTORETIC®.....	66
ZESTRIL®.....	66
THIAZOLIDINEDIONE.....	68
ACTOPLUS MET XR®.....	68
ACTOPLUS MET®.....	68
ACTOS®.....	68
AVANDAMET®.....	68
AVANDARYL®.....	68
AVANDIA®.....	68
DUETACT®.....	68
FORTAMET®.....	68
<i>glipizide/metformin hcl</i>	68
GLUCOPHAGE XR®.....	68
GLUCOPHAGE®.....	68
GLUCOVANCE®.....	68
GLUMETZA®.....	68



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

<i>glyburide/metformin hcl</i>	68
JANUMET®	68
METAGLIP®	68
<i>metformin</i>	68
PRANDIMET®	68
RIOMET®	68
TOPICAL CORTICOSTEROIDS	69
ACLOVATE®	69
ALA-CORT®	69
ALA-SCALP HP®.....	69
<i>alclometasone</i>	69
<i>amcinonide</i>	69
<i>betameth/propylene glycol</i>	69
<i>betamethasone dipropionate</i>	69
<i>betamethasone valerate</i>	69
CARMOL HC®.....	69
<i>clobetasol propionate</i>	69
CLOBEX®.....	69
CLODERM®	69
CORDRAN SP®	69
CORDRAN®	69
CUTIVATE®.....	69
DERMA-SMOOTH-FS®	69
DERMATOP®.....	69



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

DESONATE®.....	69
<i>desonide</i>	69
DESOWEN®.....	69
<i>desoximetasone</i>	69
<i>diflorasone</i>	69
DIPROLENE AF®.....	69
DIPROLENE®.....	69
ELOCON®.....	69
<i>fluocinolone acetonide</i>	69
<i>fluocinonide</i>	69
<i>fluticasone propionate</i>	69
<i>halobetasol propionate</i>	69
HALOG®.....	69
<i>hydrocortisone</i>	69
<i>hydrocortisone butyrate</i>	69
<i>hydrocortisone valerate</i>	69
<i>hydrocortisone/mo/petrolatum</i>	69
KENALOG®.....	69
LOCOID LIPOCREAM®	70
LOCOID®	70
LOKARA®.....	70
LUXIQ®	70
<i>mometasone</i>	70
OLUX-E®.....	70



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

PANDEL®.....	70
<i>prednicarbate</i>	70
TEMOVATE®.....	70
TEXACORT®.....	70
TOPICORT LP®.....	70
TOPICORT®.....	70
<i>triamcinolone acetonide</i>	70
U-CORT®.....	70
ULTRAVATE®.....	70
VANOS®.....	70
VERDESQ®.....	70
WESTCORT®.....	70
TOPICAL IMMUNOMODULATORS.....	71
ACLOVATE®.....	71
ALA-CORT®.....	71
ALA-SCALP HP®.....	71
<i>alclometasone</i>	71
<i>amcinonide</i>	71
<i>betameth/propylene glycol</i>	71
<i>betamethasone dipropionate</i>	71
<i>betamethasone valerate</i>	71
CARMOL HC®.....	71
<i>clobetasol propionate</i>	71
CLOBEX®.....	71



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

CLODERM®	71
CORDRAN SP®	71
CORDRAN®	71
CUTIVATE®.....	71
DERMA-SMOOTH-FS®	71
DERMATOP®.....	71
DESONATE®.....	71
<i>desonide</i>	71
DESOWEN®.....	71
<i>desoximetasone</i>	71
<i>diflorasone</i>	71
DIPROLENE AF®	71
DIPROLENE®.....	71
ELIDEL®.....	71
ELOCON®	71
<i>fluocinolone acetonide</i>	71
<i>fluocinonide</i>	71
<i>fluticasone propionate</i>	71
<i>halobetasol propionate</i>	71
HALOG®.....	71
<i>hydrocortisone</i>	71
<i>hydrocortisone butyrate</i>	71
<i>hydrocortisone valerate</i>	71
<i>hydrocortisone/mo/petrolatum</i>	71



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

KENALOG®..... 72

LOCOID LIPOCREAM® 72

LOCOID® 72

LOKARA®..... 72

LUXIQ® 72

mometasone 72

OLUX-E®..... 72

PANDEL®..... 72

prednicarbate 72

PROTOPIC®..... 72

TEMOVATE®..... 72

TEXACORT®..... 72

TOPICORT LP® 72

TOPICORT®..... 72

triamcinolone acetonide 72

U-CORT® 72

ULTRAVATE® 72

VANOS®..... 72

VERDESOL®..... 72

WESTCORT®..... 72

ULORIC..... 73

allopurinol..... 73

colchicine/probenecid 73

probenecid..... 73



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

ULORIC®.....	73
ZYLOPRIM®.....	73
ULTRAM	74
RYZOLT®.....	74
<i>tramadol</i>	74
<i>tramadol/apap</i>	74
ULTRACET®	74
ULTRAM ER®.....	74
ULTRAM®	74
ZETIA.....	75
ADVICOR®.....	75
ALTOPREV®.....	75
CADUET®	75
CRESTOR®.....	75
LESCOL XL®.....	75
LESCOL®	75
LIPITOR®	75
<i>lovastatin</i>	75
MEVACOR®.....	75
PRAVACHOL®.....	75
<i>pravastatin</i>	75
SIMCOR®.....	75
<i>simvastatin</i>	75
VYTORIN®	75



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

ZETIA®	75
ZOCOR®	75
Index	76



ANTIDEPRESSANTS - SSRI (SARAFEM)

Affected Drugs

fluoxetine

SARAFEM®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fluoxetine Hcl, Selfemra. Step 2 Drug(s): Sarafem. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic fluoxetine first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.



ANTIDEPRESSANTS-BUPROPION

Affected Drugs

APLENZIN®

bupropion

WELLBUTRIN XL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Budeprion Sr, Budeprion XL, Bupropion Hcl Sr. Step 2 Drug(s): Wellbutrin XL, Aplenzin. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic bupropion XR/XL first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.



ANTIVIRALS

Affected Drugs

acyclovir
famciclovir
FAMVIR®
valacyclovir
VALTREX®
ZOVIRAX®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Acyclovir, Famciclovir, Valacyclovir. Step 2 Drug(s): Famvir, Valtrex, Zovirax. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic acyclovir first". Override allowed: Yes. Override NCPCP number: 75.



AVODART

Affected Drugs

AVODART®

finasteride

PROSCAR®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Finasteride. Step 2 Drug(s): Avodart, Proscar. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic finasteride first". Override allowed: Yes. Override NCPCP number: 75.

BETA-BLOCKERS

Affected Drugs

acebutolol
atenolol
bendroflumethiazide/nadolol
BETAPACE AF®
BETAPACE®
betaxolol
bisoprolol
BYSTOLIC®
CARTROL®
carvedilol
chlorthalidone/atenolol
COREG CR®
COREG®
CORGARD®
CORZIDE®
hctz/bisoprolol fumarate
hctz/metoprolol
hctz/propranolol
INDERAL LA®
INNOPRAN XL®
KERLONE®
labetalol
LEVATOL®
LOPRESSOR HCT®
LOPRESSOR®
metoprolol succinate
metoprolol tartrate
nadolol
pindolol
propranolol
SECTRAL®
sotalol
TENORETIC 100®
TENORETIC 50®
TENORMIN®



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

timolol

TOPROL XL®

TRANDATE®

ZEBETA®

ZIAC®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Acebutolol Hcl, Atenolol, Atenolol-chlorthalidone, Betaxolol Hcl, Bisoprolol Fumarate, Bisoprolol Fumarate-hctz, Carvedilol, Labetalol Hcl, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol-hydrochlorothiazide, Nadolol, Nadolol-bendroflumethiazide, Pindolol, Propranolol Hcl, Propranolol Hcl-hctz, Sorine, Sotalol, Timolol Maleate. Step 2 Drug(s): Betapace, Betapace Af, Bystolic, Cartrol, Coreg, Coreg Cr, Corgard, Corzide, Inderal La, Innopran XI, Kerlone, Levatol, Lopressor, Lopressor Hct, Sectral, Tenoretic 100, Tenoretic 50, Tenormin, Toprol XI, Trandate, Zebeta, Ziac. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic beta blocker first". Override allowed: Yes. Override NCPDP number: 75.

BILE ACID SEQUESTRANTS

Affected Drugs

cholestyramine/aspartame

cholestyramine/sucrose

COLESTID®

colestipol

QUESTRAN LIGHT®

QUESTRAN®

WELCHOL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Cholestyramine, Cholestyramine Light, Colestid, Colestipol Hcl, Prevalite, Questran, Questran Light. Step 2 Drug(s): Welchol. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use cholestyramine or colestipol 1st". Override allowed: Yes. Override NCPCP number: 75.

BRAND NSAIDS

Affected Drugs

ANAPROX DS®
ANAPROX®
ARTHROTEC 50®
ARTHROTEC 75®
CATAFLAM®
CLINORIL®
DAYPRO®
diclofenac potassium
diclofenac sodium
EC-NAPROSYN®
etodolac
FELDENE®
fenoprofen
FLECTOR®
flurbiprofen
ibuprofen
INDOCIN SR®
INDOCIN®
indomethacin
ketoprofen
ketorolac
meclofenamate
meloxicam
MOBIC®
nabumetone
NALFON®
NAPRELAN®
NAPROSYN®
naproxen
naproxen sodium
oxaprozin
piroxicam
PONSTEL®
sulindac
tolmetin



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

VOLTAREN®
VOLTAREN-XR®
ZIPSOR®

Step Therapy Criteria

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, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Anaprox, Anaprox Ds, Arthrotec 50, Arthrotec 75, Cataflam, Clinoril, Daypro, Ec-naprosyn, Feldene, Flector, Indocin, Indocin Sr, Mobic, Nalfon, Naprelan, Naprosyn, Ponstel, Voltaren, Voltaren-XR, Zipsor. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use 2 generic NSAIDs [Non-steroidal anti-inflammatory drugs] first". Override allowed: Yes. Override NCPDP number: 75. Post effective date coverage rule: 120 days. Allow continuous users of second line drugs who have met first line criteria.



CCB - VERAPAMIL

Affected Drugs

CALAN SR®

CALAN®

COVERA-HS®

ISOPTIN SR®

verapamil

VERELAN PM®

VERELAN®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Verapamil Er, Verapamil Hcl. Step 2 Drug(s): Calan, Calan Sr, Covera-hs, Isoptin Sr, Verelan, Verelan PM. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPCP number: 75.

COX-2

Affected Drugs

ANAPROX DS®
ANAPROX®
CATAFLAM®
CELEBREX®
CLINORIL®
DAYPRO®
diclofenac potassium
diclofenac sodium
EC-NAPROSYN®
etodolac
FELDENE®
fenoprofen
flurbiprofen
ibuprofen
INDOCIN SR®
INDOCIN®
indomethacin
ketoprofen
ketorolac
meclofenamate
meloxicam
MOBIC®
nabumetone
NALFON®
NAPRELAN®
NAPROSYN®
naproxen
naproxen sodium
oxaprozin
piroxicam
PONSTEL®
sulindac
tolmetin
VOLTAREN®
VOLTAREN-XR®



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

ZIPSOR®

Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Anaprox, Anaprox Ds, Cataflam, Clinoril, Daypro, Diclofenac Potassium, Diclofenac Sodium, Ec-naprosyn, Etodolac, Feldene, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indocin, Indocin Sr, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Meloxicam, Mobic, Nabumetone, Nalfon, Naprelan, Naprosyn, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Ponstel, Sulindac, Tolmetin Sodium, Voltaren, Voltaren-xr, Zipsor. Step 2 Drug(s): Celebrex. This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 130 days. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use 2 generic NSAIDs [Non-steroidal anti-inflammatory drugs] first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED ACE-I/ARB

Affected Drugs

ACCUPRIL®
ACCURETIC®
ACEON®
ALTACE®
ATACAND HCT®
ATACAND®
AVALIDE®
AVAPRO®
AZOR®
benazepril
benazepril/amlodipine besylate
benazepril/hctz
BENICAR HCT®
BENICAR®
CAPOTEN®
captopril
captopril/hctz
COZAAR®
DIOVAN HCT®
DIOVAN®
enalapril
enalapril maleate/hctz
EXFORGE HCT®
EXFORGE®
fosinopril
fosinopril/hctz
HYZAAR®
lisinopril
lisinopril/hctz
losartan
losartan /hctz
LOTENSIN HCT®
LOTENSIN®
LOTREL®
MAVIK®



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

MICARDIS HCT®
MICARDIS®
moexipril
moexipril/hctz
MONOPRIL HCT®
MONOPRIL®
perindopril erbumine
PRINIVIL®
PRINZIDE®
quinapril
quinapril/hctz
ramipril
TARKA®
TEVETEN HCT®
TEVETEN®
trandolapril
TWYNSTA®
UNIRETIC®
UNIVASC®
VASERETIC®
VASOTEC®
ZESTORETIC®
ZESTRIL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 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, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perinodpril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Trandolapril. Step 2 Drug(s): Azor, Cozaar, Diovan, Diovan Hct, Exforge, Exforge Hct, Hyzaar, Losartan potassium, Losartan-hydrochlorothiazide. Step 3 Drug(s): Accupril, Accuretic, Aceon, Altace, Atacand, Atacand Hct, Avalide, Avapro, Benicar, Benicar Hct, Capoten, Lotensin, Lotensin Hct, Lotrel, Mavik, Micardis, Micardis Hct, Monopril, Monopril Hct, Prinivil, Prinzide, Tarka, Teveten, Teveten Hct, Twynsta, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril. Number of days for claims review for select or first line drugs: 130 days. History



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic ACE Inhibitor product first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED ANTIDEPRESSANTS- SSRI/SNRI

Affected Drugs

CELEXA®
citalopram
CYMBALTA®
EFFEXOR XR®
EFFEXOR®
fluoxetine
fluvoxamine
LEXAPRO®
LUVOX CR®
paroxetine
PAXIL CR®
PAXIL®
PEXEVA®
PRISTIQ®
PROZAC WEEKLY®
PROZAC®
SAVELLA®
sertraline
venlafaxine
VENLAFAXINE HCL ER®
ZOLOFT®

Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a drug in Step 2 Group A may be given. If the patient has tried one Step 1 drug, then authorization for a drug in Step 2 Group B may be given. If the patient has tried a Step 2 (Group A or Group B) drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Sertraline Hcl, Venlafaxine Hcl. Step 2 Group A Drug(s): Lexapro, Savella. Step 2 Group B Drug(s): Cymbalta, Effexor Xr, Pristiq. Step 3 Drug(s): Celexa, Effexor, Luvox Cr, Paxil, Paxil Cr, Pexeva, Prozac, Prozac Weekly, Venlafaxine Hcl ER, Zoloft. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. Grandfathering includes all SSRI [Selective Serotonin Reuptake Inhibitor]/SNRI [Selective Norepineprine Reuptake Inhibitor] products as well as second-line drugs



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

listed above. On-line Pharmacy Message for Step 2 Group A and Step 3 Drugs: "Use 2 generic SSRI [Selective Serotonin Reuptake Inhibitor]/SNRIs [Selective Norepineprine Reuptake Inhibitors] first". On-line Pharmacy Message for Step 2 Group B Drugs: "Use generic SSRI [Selective Serotonin Reuptake Inhibitor]/SNRI [Selective Norepineprine Reuptake Inhibitor] first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

ENHANCED BISPHOSPHONATES ORAL

Affected Drugs

ACTONEL WITH CALCIUM®

ACTONEL®

alendronate

BONIVA®

FOSAMAX PLUS D®

FOSAMAX®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Alendronate Sodium. Step 2 Drug(s): Actonel, Actonel With Calcium, Boniva. Step 3 Drug(s): Fosamax, Fosamax Plus D. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic alendronate first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED CCB - DIHYDROPYRIDINES

Affected Drugs

ADALAT CC®
amlodipine
benazepril/amlodipine besylate
CARDENE SR®
DYNACIRC CR®
felodipine
isradipine
nicardipine
nifedipine
nimodipine
nisoldipine
NORVASC®
PROCARDIA XL®
PROCARDIA®
SULAR®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Afeditab Cr, Amlodipine Besylate, Amlodipine Besylate-benazepril, Felodipine Er, Isradipine, Nicardipine Hcl, Nifediac Cc, Nifedical XI, Nifedipine, Nifedipine Er, Nimodipine, Nisoldipine. Step 2 Drug(s): Sular. Step 3 Drug(s): Adalat Cc, Cardene Sr, Dynacirc Cr, Norvasc, Procardia, Procardia XL. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPDP number: 75.



ENHANCED FENOFIBRATE

Affected Drugs

ANTARA®
fenofibrate
FENOGLIDE®
LIPOFEN®
LOFIBRA®
TRICOR®
TRIGLIDE®
TRILIPIX®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Fenofibrate. Step 2 Drug(s): Tricor, Trilipix. Step 3 Drug(s): Antara, Fenoglide, Lipofen, Lofibra, Triglide. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic fenofibrate first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED NASAL STEROIDS

Affected Drugs

BECONASE AQ®
FLONASE®
flunisolide
fluticasone propionate
NASACORT AQ®
NASAREL®
NASONEX®
OMNARIS®
RHINOCORT AQUA®
VERAMYST®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Flunisolide, Fluticasone Propionate. Step 2 Drug(s): Nasacort Aq. Step 3 Drug(s): Beconase Aq, Flonase, Nasarel, Nasonex, Omnaris, Rhinocort Aqua, Veramyst. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic nasal steroid first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED NON-SEDATING ANTIHISTAMINES

Affected Drugs

ALLEGRA®

ALLEGRA-D 12 HOUR®

ALLEGRA-D 24 HOUR®

cetirizine

CLARINEX®

CLARINEX-D 12 HOUR®

CLARINEX-D 24 HOUR®

fexofenadine

XYZAL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Cetirizine Hcl, Fexofenadine Hcl. Step 2 Drug(s): Allegra-d 12 Hour, Allegra-d 24 Hour. Step 3 Drug(s): Allegra, Clarinex, Clarinex-d 12 Hour, Clarinex-d 24 Hour, Xyzal. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic NSA first". Override allowed: Yes. Override NCPCP number: 75. Post effective date coverage rule: 120 days. Allow continuous users of second line drugs who have met first line criteria.

ENHANCED OVERACTIVE BLADDER

Affected Drugs

DETROL LA®
DETROL®
DITROPAN XL®
ENABLEX®
GELNIQUE®
oxybutynin
OXYTROL®
SANCTURA XR®
SANCTURA®
TOVIAZ®
VESICARE®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er. Step 2 Drug(s): Enablex, Sanctura, Sanctura Xr. Step 3 Drug(s): Detrol, Detrol La, Ditropan XI, Gelnique, Oxytrol, Toviaz, Vesicare. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic oxybutynin product first". Override allowed: Yes. Override NCPCP number: 75.

ENHANCED SEDATIVE HYPNOTICS

Affected Drugs

AMBIEN CR®

AMBIEN®

EDLUAR®

LUNESTA®

ROZEREM®

SONATA®

zaleplon

zolpidem

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Ambien Cr, Lunesta, Rozerem. Step 3 Drug(s): Ambien, Edluar, Sonata. 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. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic zolpidem IR or generic zaleplon 1st". Override allowed: Yes. Override NCPCP number: 75.



HMG RULE 1

Affected Drugs

CRESTOR®

lovastatin

pravastatin

simvastatin

VYTORIN®

Step Therapy Criteria

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. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic HMG first". Override allowed: Yes. Override NCPCP number: 75.



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

HMG RULE 2

Affected Drugs

CADUET®
CRESTOR®
LIPITOR®
VYTORIN®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Crestor, Vytorin. Step 2 Drug(s): Caduet, Lipitor. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use Crestor or Vytorin first". Override allowed: Yes. Override NCPCP number: 75.



HMG RULE 3

Affected Drugs

ALTOPREV®
CADUET®
CRESTOR®
LESCOL XL®
LESCOL®
LIPITOR®
lovastatin
MEVACOR®
PRAVACHOL®
pravastatin
simvastatin
VYTORIN®
ZOCOR®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Crestor, Lovastatin, Pravastatin Sodium, Simvastatin, Vytorin. Step 2 Drug(s): Altoprev, Caduet, Lescol, Lescol XI, Lipitor, Mevacor, Pravachol, Zocor. Number of days for claims review for select or first line drugs: 180 days. 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 number: 75.



KEPPRA

Affected Drugs

KEPPRA XR®

KEPPRA®

levetiracetam

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Levetiracetam. Step 2 Drug(s): Keppra, Keppra XR. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.



LAMICTAL

Affected Drugs

LAMICTAL (BLUE)®
LAMICTAL (GREEN)®
LAMICTAL (ORANGE)®
LAMICTAL ODT®
LAMICTAL XR (BLUE)®
LAMICTAL XR (GREEN)®
LAMICTAL XR (ORANGE)®
LAMICTAL XR®
LAMICTAL®
lamotrigine

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lamotrigine. Step 2 Drug(s): Lamictal, Lamictal (blue), Lamictal (green), Lamictal (orange), Lamictal ODT, Lamictal XR, Lamictal XR (green), Lamictal XR (orange), Lamictal XR (blue). Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPDP number: 75. This step therapy program applies to new utilizers only.



LYRICA

Affected Drugs

gabapentin

LYRICA®

NEURONTIN®

Step Therapy Criteria

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. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use gabapentin first". Override allowed: Yes. Override NCPCP number: 75. 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. This step therapy program applies to new utilizers only.



METFORMIN

Affected Drugs

FORTAMET®
GLUCOPHAGE XR®
GLUCOPHAGE®
GLUMETZA®
metformin
RIOMET®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Metformin Hcl, Metformin Hcl Er. Step 2 Drug(s): Fortamet, Glucophage, Glucophage Xr, Glumetza, Riomet. Participant must have 90 days of generic metformin or generic metformin ER in claims history. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic metformin first for 90 days". Override allowed: Yes. Override NCPDP number: 75. Allow continuous users of second line drugs who have met first line criteria.

OPHTHALMIC BETA BLOCKERS

Affected Drugs

BETAGAN®

betaxolol

BETIMOL®

BETOPTIC S®

carteolol

COMBIGAN®

COSOPT®

dorzolamide/timolol

ISTALOL®

levobunolol

metipranolol

OPTIPRANOLOL®

timolol

TIMOPTIC OCUDOSE®

TIMOPTIC-XE®

Step Therapy Criteria

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): Betagan, Betimol, Betoptic S, Combigan, Cosopt, Istalol, Optipranolol, Timoptic, Timoptic-XE. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic oph beta blocker 1st". Override allowed: Yes. Override NCPCP number: 75.



PPI ENHANCED

Affected Drugs

ACIPHEX®
DEXILANT®
KAPIDEX®
lansoprazole
NEXIUM®
omeprazole
pantoprazole
PREVACID®
PRILOSEC®
PROTONIX®
ZEGERID®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole. Step 2 Drug(s): Nexium. Step 3 Drug(s): Aciphex, Dexilant, Kapidex, Pantoprazole Sodium, Prevacid, Prilosec, Protonix, Zegerid. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. Injectables are not included in the drug groups nor in the look back period. On-line Pharmacy Message: "Use generic omeprazole first". Override allowed: Yes. Override NCPDP number: 75. Post effective date coverage rule: Allow continuous users of second line drugs who have met first line criteria.



PREVACID NAPRAPAC

Affected Drugs

ANAPROX DS®
ANAPROX®
EC-NAPROSYN®
lansoprazole
NAPRELAN®
NAPROSYN®
naproxen
naproxen sodium
omeprazole
PREVACID NAPRAPAC®
VIMOVO®

Step Therapy Criteria

If the patient has tried two Step 1 drugs (omeprazole or lansoprazole and one of the naproxen formulations in Step 1), then authorization for a Step 2 drug may be given. Step 1 Drug(s): Anaprox, Anaprox Ds, Ec-naprosyn, Lansoprazole, Naprelan, Naprosyn, Naproxen, Naproxen Sodium, Omeprazole. Step 2 Drug(s): Prevacid Naprapac, Vimovo. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic omeprazole and naproxen 1st". Override allowed: Yes. Override NCPCP number: 75.



STAVZOR

Affected Drugs

DEPAKENE®
DEPAKOTE ER®
DEPAKOTE SPRINKLE®
DEPAKOTE®
divalproex
STAVZOR®
valproic acid

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Divalproex Sodium, Divalproex Sodium Er, Valproic Acid. Step 2 Drug(s): Depakene, Depakote, Depakote Er, Depakote Sprinkle, Stavzor. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic product first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

STRATTERA

Affected Drugs

ADDERALL XR®
ADDERALL®
amphetamine/dextroamphetamine
CONCERTA®
d-amphetamine
DAYTRANA®
DESOXYN®
DEXEDRINE®
dexmethylphenidate
FOCALIN XR®
FOCALIN®
INTUNIV®
METADATE CD®
methamphetamine
METHYLIN®
methylphenidate
RITALIN LA®
RITALIN®
RITALIN-SR®
STRATTERA®
VYVANSE®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Adderall, Adderall Xr, Amphetamine Salt Combo, Concerta, Daytrana, Desoxyn, Dexedrine, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Focalin, Focalin Xr, Liquadd, Metadate CD [Crohn's Disease], Metadate Er, Methamphetamine, Methylin, Methylin Er, Methylphenidate Er, Methylphenidate Hcl, Ritalin, Ritalin La, Ritalin-sr, Vyvanse. Step 2 Drug(s): Intuniv, Strattera. Number of days for claims review for select or first line drugs: 130 days. Supported via therapy class 59100 CNS Stimulant Drugs excluding Provigil and pemoline (Cylert, generics). History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use stimulant first". Override allowed: Yes. Override NCPCP number: 75. Allow continuous users of second line drugs who have met first line criteria.

TEKTURNA

Affected Drugs

ACCUPRIL®
ACCURETIC®
ACEON®
ALTACE®
ATACAND HCT®
ATACAND®
AVALIDE®
AVAPRO®
AZOR®
benazepril
benazepril/amlodipine besylate
benazepril/hctz
BENICAR HCT®
BENICAR®
CAPOTEN®
captopril
captopril/hctz
COZAAR®
DIOVAN HCT®
DIOVAN®
enalapril
enalapril maleate/hctz
EXFORGE HCT®
EXFORGE®
fosinopril
fosinopril/hctz
HYZAAR®
lisinopril
lisinopril/hctz
losartan
losartan /hctz
LOTENSIN HCT®
LOTENSIN®
LOTREL®
MAVIK®

MICARDIS HCT®
MICARDIS®
moexipril
moexipril/hctz
MONOPRIL HCT®
MONOPRIL®
perindopril erbumine
PRINIVIL®
PRINZIDE®
quinapril
quinapril/hctz
ramipril
TARKA®
TEKTURNA HCT®
TEKTURNA®
TEVETEN HCT®
TEVETEN®
trandolapril
TWYNSTA®
UNIRETIC®
UNIVASC®
VALTURNA®
VASERETIC®
VASOTEC®
ZESTORETIC®
ZESTRIL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Accupril, Accuretic, Aceon, Altace, Amlodipine Besylate-benazepril, Atacand, Atacand Hct, Avalide, Avapro, Azor, Benazepril Hcl, Benazepril Hcl-hctz, Benicar, Benicar Hct, Capoten, Captopril, Captopril-hydrochlorothiazide, Cozaar, Diovan, Diovan Hct, Enalapril Maleate, Enalapril Maleate-hctz, Exforge, Exforge, Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Hyzaar, Lisinopril, Lisinopril-hctz, Losartan potassium, Losartan-hydrochlorothiazide, Lotensin, Lotensin Hct, Lotrel, Mavik, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Monopril, Monopril Hct, Perinopril erbumine, Prinivil, Prinzide, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Tarka, Teveten, Teveten Hct, Trandolapril,



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

Twynsta, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril. Step 2 Drug(s): Tekturna, Tekturna Hct, Valturna. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic ACE inhibitor product first". Override allowed: Yes. Override NCPCP number: 75.

THIAZOLIDINEDIONE

Affected Drugs

ACTOPLUS MET XR®
ACTOPLUS MET®
ACTOS®
AVANDAMET®
AVANDARYL®
AVANDIA®
DUETACT®
FORTAMET®
glipizide/metformin hcl
GLUCOPHAGE XR®
GLUCOPHAGE®
GLUCOVANCE®
GLUMETZA®
glyburide/metformin hcl
JANUMET®
METAGLIP®
metformin
PRANDIMET®
RIOMET®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fortamet, Glipizide-metformin, Glucophage, Glucophage Xr, Glucovance, Glumetza, Glyburide-metformin Hcl, Janumet, Metaglip, Metformin Hcl, Metformin Hcl Er, Prandimet, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met XR, Actos, Avandamet, Avandaryl, Avandia, Duetact. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic metformin first". Override allowed: Yes. Override NCPCP number: 75.

TOPICAL CORTICOSTEROIDS

Affected Drugs

ACLOVATE®
ALA-CORT®
ALA-SCALP HP®
alclometasone
amcinonide
betameth/propylene glycol
betamethasone dipropionate
betamethasone valerate
CARMOL HC®
clobetasol propionate
CLOBEX®
CLODERM®
CORDRAN SP®
CORDRAN®
CUTIVATE®
DERMA-SMOOTHIE-FS®
DERMATOP®
DESONATE®
desonide
DESOWEN®
desoximetasone
diflorasone
DIPROLENE AF®
DIPROLENE®
ELOCON®
fluocinolone acetonide
fluocinonide
fluticasone propionate
halobetasol propionate
HALOG®
hydrocortisone
hydrocortisone butyrate
hydrocortisone valerate
hydrocortisone/mo/petrolatum
KENALOG®

LOCOID LIPOCREAM®

LOCOID®

LOKARA®

LUXIQ®

mometasone

OLUX-E®

PANDEL®

prednicarbate

TEMOVATE®

TEXACORT®

TOPICORT LP®

TOPICORT®

triamcinolone acetonide

U-CORT®

ULTRAVATE®

VANOS®

VERDESO®

WESTCORT®

Step Therapy Criteria

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): Aclovate, Ala-cort, Ala-scalp Hp, Carmol Hc, Clobex, Cloderm, Cordran, Cordran Sp, Cutivate, Derma-smoothe-fs, Dermatop, Desonate, Desowen, Diprolene, Diprolene Af, Elocon, Halog, Kenalog, Locoid, Locoid Lipocream, Lokara, Luxiq, Olux-e, Pandel, Temovate, Topicort, Topicort Lp, U-cort, Ultravate, Vanos, Verdeso, Westcort. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic topical steroid first". Override allowed: Yes. Override NCPDP number: 75.

TOPICAL IMMUNOMODULATORS

Affected Drugs

ACLOVATE®
ALA-CORT®
ALA-SCALP HP®
alclometasone
amcinonide
betameth/propylene glycol
betamethasone dipropionate
betamethasone valerate
CARMOL HC®
clobetasol propionate
CLOBEX®
CLODERM®
CORDRAN SP®
CORDRAN®
CUTIVATE®
DERMA-SMOOTHIE-FS®
DERMATOP®
DESONATE®
desonide
DESOWEN®
desoximetasone
diflorasone
DIPROLENE AF®
DIPROLENE®
ELIDEL®
ELOCON®
fluocinolone acetonide
fluocinonide
fluticasone propionate
halobetasol propionate
HALOG®
hydrocortisone
hydrocortisone butyrate
hydrocortisone valerate
hydrocortisone/mo/petrolatum

KENALOG®
LOCOID LIPOCREAM®
LOCOID®
LOKARA®
LUXIQ®
mometasone
OLUX-E®
PANDEL®
prednicarbate
PROTOPIC®
TEMOVATE®
TEXACORT®
TOPICORT LP®
TOPICORT®
triamcinolone acetonide
U-CORT®
ULTRAVATE®
VANOS®
VERDESO®
WESTCORT®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Aclovate, Ala-cort, Ala-scalp Hp, Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Beta-val, Carmol Hc, Clobetasol Emollient, Clobetasol Propionate, Clobex, Cloderm, Cordran, Cordran Sp, Cormax, Cutivate, Del-beta, Derma-smoothe-fs, Dermatop, Desonate, Desonide, Desowen, Desoximetasone, Diflorasone Diacetate, Diprolene, Diprolene Af, Elocon, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Halog, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Kenalog, Locoid, Locoid Lipocream, Lokara, Luxiq, Mometasone Furoate, Olux-e, Pandel, Prednicarbate, Temovate, Topicort, Topicort Lp, Triamcinolone Acetonide, Triderm, U-cort, Ultravate, Vanos, Verdeso, Westcort. Step 2 Drug(s): Elidel, Protopic. Number of days for claims review for select or first line drugs: 60 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use Rx topical steroid first". Override allowed: Yes. Override NCPDP number: 75.



ULORIC

Affected Drugs

allopurinol

colchicine/probenecid

probenecid

ULORIC®

ZYLOPRIM®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol, Probenecid, Probenecid-colchicine, Zyloprim. Step 2 Drug(s): Uloric. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use allopurinol or probenecid first". Override allowed: Yes. Override NCPDP number: 75.



ULTRAM

Affected Drugs

RYZOLT®

tramadol

tramadol/apap

ULTRACET®

ULTRAM ER®

ULTRAM®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Tramadol Hcl, Tramadol Hcl Er, Tramadol Hcl-acetaminophen. Step 2 Drug(s): Ultracet, Ultram, Ultram ER, Ryzolt. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic tramadol first". Override allowed: Yes. Override NCPDP number: 75.

ZETIA

Affected Drugs

ADVICOR®
ALTOPREV®
CADUET®
CRESTOR®
LESCOL XL®
LESCOL®
LIPITOR®
lovastatin
MEVACOR®
PRAVACHOL®
pravastatin
SIMCOR®
simvastatin
VYTORIN®
ZETIA®
ZOCOR®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Advicor, Altoprev, Caduet, Crestor, Lescol, Lescol XI, Lipitor, Lovastatin, Mevacor, Pravachol, Pravastatin Sodium, Simcor, Simvastatin, Vytorin, Zocor. Step 2 Drug(s): Zetia. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use formulary HMG first". Override allowed: Yes. Override NCPCP number: 75.

INDEX

ACCUPRIL®, 40, 63
 ACCURETIC®, 40, 63
 acebutolol, 32
 ACEON®, 40, 63
 ACIPHEX®, 59
 ACLOVATE®, 66, 68
 ACTONEL WITH CALCIUM®, 44
 ACTONEL®, 44
 ACTOPLUS MET XR®, 65
 ACTOPLUS MET®, 65
 ACTOS®, 65
 acyclovir, 30
 ADALAT CC®, 45
 ADDERALL XR®, 62
 ADDERALL®, 62
 ADVICOR®, 72
 ALA-CORT®, 66, 68
 ALA-SCALP HP®, 66, 68
 alclometasone, 66, 68
 alendronate, 44
 ALLEGRA®, 48
 ALLEGRA-D 12 HOUR®, 48
 ALLEGRA-D 24 HOUR®, 48
 allopurinol, 70
 ALTACE®, 40, 63
 ALTOPREV®, 53, 72
 AMBIEN CR®, 50
 AMBIEN®, 50
 amcinonide, 66, 68
 amlodipine, 45
 amphetamine/dextroamphetamine, 62
 ANAPROX DS®, 35, 38, 60
 ANAPROX®, 35, 38, 60
 ANTARA®, 46
 APLENZIN®, 29
 ARTHROTEC 50®, 35
 ARTHROTEC 75®, 35
 ATACAND HCT®, 40, 63
 ATACAND®, 40, 63
 atenolol, 32
 AVALIDE®, 40, 63
 AVANDAMET®, 65
 AVANDARYL®, 65
 AVANDIA®, 65
 AVAPRO®, 40, 63
 AVODART®, 31
 AZOR®, 40, 63
 BECONASE AQ®, 47
 benazepril, 40, 63
 benazepril/amlodipine besylate, 40, 45, 63
 benazepril/hctz, 40, 63
 bendroflumethiazide/nadolol, 32
 BENICAR HCT®, 40, 63
 BENICAR®, 40, 63
 BETAGAN®, 58
 betameth/propylene glycol, 66, 68
 betamethasone dipropionate, 66, 68
 betamethasone valerate, 66, 68
 BETAPACE AF®, 32
 BETAPACE®, 32
 betaxolol, 32, 58
 BETIMOL®, 58
 BETOPTIC S®, 58
 bisoprolol, 32
 BONIVA®, 44
 bupropion, 29
 BYSTOLIC®, 32
 CADUET®, 52, 53, 72
 CALAN SR®, 37
 CALAN®, 37
 CAPOTEN®, 40, 63



Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)

captopril, 40, 63
captopril/hctz, 40, 63
CARDENE SR®, 45
CARMOL HC®, 66, 68
carteolol, 58
CARTROL®, 32
carvedilol, 32
CATAFLAM®, 35, 38
CELEBREX®, 38
CELEXA®, 42
cetirizine, 48
chlorthalidone/atenolol, 32
cholestyramine/aspartame, 34
cholestyramine/sucrose, 34
citalopram, 42
CLARINEX®, 48
CLARINEX-D 12 HOUR®, 48
CLARINEX-D 24 HOUR®, 48
CLINORIL®, 35, 38
clobetasol propionate, 66, 68
CLOBEX®, 66, 68
CLODERM®, 66, 68
colchicine/probenecid, 70
COLESTID®, 34
colestipol, 34
COMBIGAN®, 58
CONCERTA®, 62
CORDRAN SP®, 66, 68
CORDRAN®, 66, 68
COREG CR®, 32
COREG®, 32
CORGARD®, 32
CORZIDE®, 32
COSOPT®, 58
COVERA-HS®, 37
COZAAR®, 40, 63
CRESTOR®, 51, 52, 53, 72
CUTIVATE®, 66, 68
CYMBALTA®, 42
d-amphetamine, 62
DAYPRO®, 35, 38
DAYTRANA®, 62
DEPAKENE®, 61
DEPAKOTE ER®, 61
DEPAKOTE SPRINKLE®, 61
DEPAKOTE®, 61
DERMA-SMOOTH-FS®, 66, 68
DERMATOP®, 66, 68
DESONATE®, 66, 68
desonide, 66, 68
DESOWEN®, 66, 68
desoximetasone, 66, 68
DESOXYN®, 62
DETROL LA®, 49
DETROL®, 49
DEXEDRINE®, 62
DEXILANT®, 59
dexmethylphenidate, 62
diclofenac potassium, 35, 38
diclofenac sodium, 35, 38
diflorasone, 66, 68
DIOVAN HCT®, 40, 63
DIOVAN®, 40, 63
DIPROLENE AF®, 66, 68
DIPROLENE®, 66, 68
DITROPAN XL®, 49
divalproex, 61
dorzolamide/timolol, 58
DUETACT®, 65
DYNACIRC CR®, 45
EC-NAPROSYN®, 35, 38, 60
EDLUAR®, 50
EFFEXOR XR®, 42
EFFEXOR®, 42
ELIDEL®, 68
ELOCON®, 66, 68



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

ENABLEX®, 49
enalapril, 40, 63
enalapril maleate/hctz, 40, 63
etodolac, 35, 38
EXFORGE HCT®, 40, 63
EXFORGE®, 40, 63
famciclovir, 30
FAMVIR®, 30
FELDENE®, 35, 38
felodipine, 45
fenofibrate, 46
FENOGLIDE®, 46
fenopropfen, 35, 38
fexofenadine, 48
finasteride, 31
FLECTOR®, 35
FLONASE®, 47
flunisolide, 47
fluocinolone acetonide, 66, 68
fluocinonide, 66, 68
fluoxetine, 28, 42
flurbiprofen, 35, 38
fluticasone propionate, 47, 66, 68
fluvoxamine, 42
FOCALIN XR®, 62
FOCALIN®, 62
FORTAMET®, 57, 65
FOSAMAX PLUS D®, 44
FOSAMAX®, 44
fosinopril, 40, 63
fosinopril/hctz, 40, 63
gabapentin, 56
GELNIQUE®, 49
glipizide/metformin hcl, 65
GLUCOPHAGE XR®, 57, 65
GLUCOPHAGE®, 57, 65
GLUCOVANCE®, 65
GLUMETZA®, 57, 65
glyburide/metformin hcl, 65
halobetasol propionate, 66, 68
HALOG®, 66, 68
hctz/bisoprolol fumarate, 32
hctz/metoprolol, 32
hctz/propranolol, 32
hydrocortisone, 66, 68
hydrocortisone butyrate, 66, 68
hydrocortisone valerate, 66, 68
hydrocortisone/mo/petrolatum, 66, 68
HYZAAR®, 40, 63
ibuprofen, 35, 38
INDERAL LA®, 32
INDOCIN SR®, 35, 38
INDOCIN®, 35, 38
indomethacin, 35, 38
INNOPRAN XL®, 32
INTUNIV®, 62
ISOPTIN SR®, 37
isradipine, 45
ISTALOL®, 58
JANUMET®, 65
KAPIDEX®, 59
KENALOG®, 66, 68
KEPPRA XR®, 54
KEPPRA®, 54
KERLONE®, 32
ketoprofen, 35, 38
ketorolac, 35, 38
labetalol, 32
LAMICTAL (BLUE)®, 55
LAMICTAL (GREEN)®, 55
LAMICTAL (ORANGE)®, 55
LAMICTAL ODT®, 55
LAMICTAL XR (BLUE)®, 55
LAMICTAL XR (GREEN)®, 55
LAMICTAL XR (ORANGE)®, 55
LAMICTAL XR®, 55

LAMICTAL®, 55
 lamotrigine, 55
 lansoprazole, 59, 60
 LESCOL XL®, 53, 72
 LESCOL®, 53, 72
 LEVATOL®, 32
 levetiracetam, 54
 levobunolol, 58
 LEXAPRO®, 42
 LIPITOR®, 52, 53, 72
 LIPOFEN®, 46
 lisinopril, 40, 63
 lisinopril/hctz, 40, 63
 LOCOID LIPOCREAM®, 66, 68
 LOCOID®, 66, 68
 LOFIBRA®, 46
 LOKARA®, 66, 69
 LOPRESSOR HCT®, 32
 LOPRESSOR®, 32
 losartan, 40, 63
 losartan /hctz, 40, 63
 LOTENSIN HCT®, 40, 63
 LOTENSIN®, 40, 63
 LOTREL®, 40, 63
 lovastatin, 51, 53, 72
 LUNESTA®, 50
 LUVOX CR®, 42
 LUXIQ®, 67, 69
 LYRICA®, 56
 MAVIK®, 40, 63
 meclofenamate, 35, 38
 meloxicam, 35, 38
 METADATE CD®, 62
 METAGLIP®, 65
 metformin, 57, 65
 methamphetamine, 62
 METHYLIN®, 62
 methylphenidate, 62
 metipranolol, 58
 metoprolol succinate, 32
 metoprolol tartrate, 32
 MEVACOR®, 53, 72
 MICARDIS HCT®, 40, 63
 MICARDIS®, 40, 63
 MOBIC®, 35, 38
 moexipril, 40, 63
 moexipril/hctz, 41, 64
 mometasone, 67, 69
 MONOPRIL HCT®, 41, 64
 MONOPRIL®, 41, 64
 nabumetone, 35, 38
 nadolol, 32
 NALFON®, 35, 38
 NAPRELAN®, 35, 38, 60
 NAPROSYN®, 35, 38, 60
 naproxen, 35, 38, 60
 naproxen sodium, 35, 38, 60
 NASACORT AQ®, 47
 NASAREL®, 47
 NASONEX®, 47
 NEURONTIN®, 56
 NEXIUM®, 59
 nifedipine, 45
 nifedipine, 45
 nimodipine, 45
 nisoldipine, 45
 NORVASC®, 45
 OLUX-E®, 67, 69
 omeprazole, 59, 60
 OMNARIS®, 47
 OPTIPRANOLOL®, 58
 oxaprozin, 35, 38
 oxybutynin, 49
 OXYTROL®, 49
 PANDEL®, 67, 69
 pantoprazole, 59



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

paroxetine, 42
PAXIL CR®, 42
PAXIL®, 42
perindopril erbumine, 41, 64
PEXEVA®, 42
pindolol, 32
piroxicam, 35, 38
PONSTEL®, 35, 38
PRANDIMET®, 65
PRAVACHOL®, 53, 72
pravastatin, 51, 53, 72
prednicarbate, 67, 69
PREVACID NAPRAPAC®, 60
PREVACID®, 59
PRILOSEC®, 59
PRINIVIL®, 41, 64
PRINZIDE®, 41, 64
PRISTIQ®, 42
probenecid, 70
PROCARDIA XL®, 45
PROCARDIA®, 45
propranolol, 32
PROSCAR®, 31
PROTONIX®, 59
PROTOPIC®, 69
PROZAC WEEKLY®, 42
PROZAC®, 42
QUESTRAN LIGHT®, 34
QUESTRAN®, 34
quinapril, 41, 64
quinapril/hctz, 41, 64
ramipril, 41, 64
RHINOCORT AQUA®, 47
RIOMET®, 57, 65
RITALIN LA®, 62
RITALIN®, 62
RITALIN-SR®, 62
ROZEREM®, 50
RYZOLT®, 71
SANCTURA XR®, 49
SANCTURA®, 49
SARAFEM®, 28
SAVELLA®, 42
SECTRAL®, 32
sertraline, 42
SIMCOR®, 72
simvastatin, 51, 53, 72
SONATA®, 50
sotalol, 32
STAVZOR®, 61
STRATTERA®, 62
SULAR®, 45
sulindac, 35, 38
TARKA®, 41, 64
TEKTURNA HCT®, 64
TEKTURNA®, 64
TEMOVATE®, 67, 69
TENORETIC 100®, 32
TENORETIC 50®, 32
TENORMIN®, 32
TEVETEN HCT®, 41, 64
TEVETEN®, 41, 64
TEXACORT®, 67, 69
timolol, 32, 58
TIMOPTIC OCUDOSE®, 58
TIMOPTIC-XE®, 58
tolmetin, 35, 38
TOPICORT LP®, 67, 69
TOPICORT®, 67, 69
TOPROL XL®, 32
TOVIAZ®, 49
tramadol, 71
tramadol/apap, 71
TRANDATE®, 32
trandolapril, 41, 64
triamcinolone acetonide, 67, 69



**Medicare Prime 2010 Step Therapy Criteria
Traditional + Rx Plan (HMO-POS) & Explorer + Rx (PPO)**

TRICOR®, 46
TRIGLIDE®, 46
TRILIPIX®, 46
TWYNSTA®, 41, 64
U-CORT®, 67, 69
ULORIC®, 70
ULTRACET®, 71
ULTRAM ER®, 71
ULTRAM®, 71
ULTRAVATE®, 67, 69
UNIRETIC®, 41, 64
UNIVASC®, 41, 64
valacyclovir, 30
valproic acid, 61
VALTREX®, 30
VALTURNA®, 64
VANOS®, 67, 69
VASERETIC®, 41, 64
VASOTEC®, 41, 64
venlafaxine, 42
VENLAFAXINE HCL ER®, 42
VERAMYST®, 47
verapamil, 37
VERDESO®, 67, 69
VERELAN PM®, 37
VERELAN®, 37
VESICARE®, 49
VIMOVO®, 60
VOLTAREN®, 35, 38
VOLTAREN-XR®, 35, 38
VYTORIN®, 51, 52, 53, 72
VYVANSE®, 62
WELCHOL®, 34
WELLBUTRIN XL®, 29
WESTCORT®, 67, 69
XYZAL®, 48
zaleplon, 50
ZEBETA®, 33
ZEGERID®, 59
ZESTORETIC®, 41, 64
ZESTRIL®, 41, 64
ZETIA®, 72
ZIAC®, 33
ZIPSOR®, 35, 38
ZOCOR®, 53, 72
ZOLOFT®, 42
zolpidem, 50
ZOVIRAX®, 30
ZYLOPRIM®, 70