



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

ACE-I/ARB	10
AZOR®	10
<i>benazepril</i>	10
<i>benazepril/amlodipine besylate</i>	10
<i>benazepril/hctz</i>	10
<i>captopril</i>	10
<i>captopril/hctz</i>	10
COZAAR®	10
DIOVAN HCT®.....	10
DIOVAN®	10
<i>enalapril</i>	10
<i>enalapril maleate/hctz</i>	10
EXFORGE HCT®	10
EXFORGE®.....	10
<i>fosinopril</i>	10
<i>fosinopril/hctz</i>	10
HYZAAR®.....	10
<i>lisinopril</i>	10
<i>lisinopril/hctz</i>	10
<i>losartan</i>	10
<i>losartan /hctz</i>	10
<i>moexipril</i>	10
<i>moexipril/hctz</i>	10



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

perindopril erbumine 10

quinapril 10

quinapril/hctz..... 10

ramipril 10

trandolapril 10

ANTIDEPRESSANTS- SSRI/SNRI 12

citalopram 12

CYMBALTA® 12

EFFEXOR XR® 12

fluoxetine..... 12

fluvoxamine..... 12

LEXAPRO® 12

paroxetine 12

PRISTIQ® 12

SAVELLA® 12

sertraline 12

venlafaxine..... 12

BILE ACID SEQUESTRANTS 13

cholestyramine/aspartame 13

cholestyramine/sucrose 13

colestipol..... 13

WELCHOL® 13

BISPHOSPHONATES ORAL 14

ACTONEL WITH CALCIUM® 14



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

ACTONEL®	14
<i>alendronate</i>	14
BONIVA®	14
CCB - DIHYDROPYRIDINES	15
<i>amlodipine</i>	15
<i>benazepril/amlodipine besylate</i>	15
<i>felodipine</i>	15
<i>isradipine</i>	15
<i>nicardipine</i>	15
<i>nifedipine</i>	15
<i>nimodipine</i>	15
<i>nisoldipine</i>	15
SULAR®	15
COX-2	16
CELEBREX®	16
<i>diclofenac potassium</i>	16
<i>diclofenac sodium</i>	16
<i>etodolac</i>	16
<i>fenoprofen</i>	16
<i>flurbiprofen</i>	16
<i>ibuprofen</i>	16
<i>indomethacin</i>	16
<i>ketoprofen</i>	16
<i>ketorolac</i>	16



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

<i>meclofenamate</i>	16
<i>meloxicam</i>	16
<i>nabumetone</i>	16
<i>naproxen</i>	16
<i>naproxen sodium</i>	16
<i>oxaprozin</i>	16
<i>piroxicam</i>	16
<i>sulindac</i>	16
<i>tolmetin</i>	16
FENOFIBRATE	17
<i>fenofibrate</i>	17
TRICOR®	17
TRILIPIX®.....	17
HMG RULE 1	18
CRESTOR®.....	18
<i>lovastatin</i>	18
<i>pravastatin</i>	18
<i>simvastatin</i>	18
VYTORIN®	18
LYRICA	19
<i>gabapentin</i>	19
LYRICA®	19
NEURONTIN®.....	19
NASAL STEROIDS	20



flunisolide..... 20

fluticasone propionate..... 20

NASACORT AQ® 20

OPHTHALMIC BETA BLOCKERS 21

betaxolol..... 21

carteolol 21

COMBIGAN®..... 21

dorzolamide/timolol 21

levobunolol..... 21

metipranolol 21

timolol 21

OVERACTIVE BLADDER 22

ENABLEX®..... 22

oxybutynin..... 22

SANCTURA XR®..... 22

SANCTURA®..... 22

PROTON PUMP INHIBITORS 23

lansoprazole..... 23

NEXIUM® 23

omeprazole 23

pantoprazole 23

SEDATIVE HYPNOTICS..... 24

AMBIEN CR® 24

LUNESTA®..... 24



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

ROZEREM®	24
<i>zaleplon</i>	24
<i>zolpidem</i>	24
STRATTERA.....	25
<i>amphetamine/dextroamphetamine</i>	25
CONCERTA®.....	25
<i>d-amphetamine</i>	25
DESOXYN®.....	25
<i>dexmethylphenidate</i>	25
METADATE CD®.....	25
<i>methamphetamine</i>	25
<i>methylphenidate</i>	25
STRATTERA®.....	25
TEKTURNA.....	26
AZOR®	26
<i>benazepril</i>	26
<i>benazepril/amlodipine besylate</i>	26
<i>benazepril/hctz</i>	26
<i>captopril</i>	26
<i>captopril/hctz</i>	26
COZAAR®	26
DIOVAN HCT®.....	26
DIOVAN®	26
<i>enalapril</i>	26



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

enalapril maleate/hctz 26

EXFORGE HCT® 26

EXFORGE® 26

fosinopril 26

fosinopril/hctz 26

HYZAAR® 26

lisinopril 26

lisinopril/hctz 26

losartan 26

losartan /hctz 26

moexipril 26

moexipril/hctz 26

perindopril erbumine 26

quinapril 26

quinapril/hctz 26

ramipril 26

TEKTURNA HCT® 26

TEKTURNA® 26

trandolapril 26

THIAZOLIDINEDIONE 28

ACTOPLUS MET® 28

ACTOS® 28

AVANDAMET® 28

AVANDARYL® 28



AVANDIA®	28
DUETACT®	28
<i>glipizide/metformin hcl</i>	28
<i>glyburide/metformin hcl</i>	28
JANUMET®	28
<i>metformin</i>	28
RIOMET®	28
TOPICAL IMMUNOMODULATORS.....	29
<i>alclometasone</i>	29
<i>amcinonide</i>	29
<i>betameth/propylene glycol</i>	29
<i>betamethasone dipropionate</i>	29
<i>betamethasone valerate</i>	29
<i>clobetasol propionate</i>	29
<i>desonide</i>	29
<i>desoximetasone</i>	29
<i>diflorasone</i>	29
ELIDEL®.....	29
<i>fluocinolone acetonide</i>	29
<i>fluocinonide</i>	29
<i>fluticasone propionate</i>	29
<i>halobetasol propionate</i>	29
<i>hydrocortisone</i>	29
<i>hydrocortisone butyrate</i>	29



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

hydrocortisone valerate..... 29

hydrocortisone/mo/petrolatum..... 29

mometasone 29

prednicarbate..... 29

PROTOPIC®..... 29

triamcinolone acetonide 29

ULORIC..... 30

allopurinol..... 30

colchicine/probenecid 30

probenecid 30

ULORIC®..... 30

ZETIA 31

ADVICOR®..... 31

CRESTOR®..... 31

lovastatin..... 31

pravastatin 31

SIMCOR®..... 31

simvastatin..... 31

VYTORIN® 31

ZETIA®..... 31

Index 32

ACE-I/ARB

Affected Drugs

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

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): 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, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Trandolapril. Step 2 Drug(s): Azor, Cozaar,



**Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)**

Diovan, Diovan Hct, Exforge, Exforge Hct, Hyzaar, Losartan potassium, Losartan-hydrochlorothiazide. 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.

ANTIDEPRESSANTS- SSRI/SNRI

Affected Drugs

citalopram
CYMBALTA®
EFFEXOR XR®
fluoxetine
fluvoxamine
LEXAPRO®
paroxetine
PRISTIQ®
SAVELLA®
sertraline
venlafaxine

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): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Sertraline Hcl, Venlafaxine Hcl. Step 2 Drug(s): Cymbalta, Effexor Xr, Lexapro, Pristiq, Savella. 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 listed above. On-line Pharmacy Message: "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.

BILE ACID SEQUESTRANTS

Affected Drugs

cholestyramine/aspartame

cholestyramine/sucrose

colestipol

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, Colestipol Hcl, Prevalite. 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.

BISPHOSPHONATES ORAL

Affected Drugs

ACTONEL WITH CALCIUM®
ACTONEL®
alendronate
BONIVA®

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): Alendronate Sodium. Step 2 Drug(s): Actonel, Actonel With Calcium, Boniva. 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.

CCB - DIHYDROPYRIDINES

Affected Drugs

amlodipine
benazepril/amlodipine besylate
felodipine
isradipine
nicardipine
nifedipine
nimodipine
nisoldipine
SULAR®

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): 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. 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

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

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): 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.



FENOFIBRATE

Affected Drugs

fenofibrate

TRICOR®

TRILIPIX®

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): Fenofibrate. Step 2 Drug(s): Tricor, Trilipix. 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.



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.

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 NCPDP 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.



NASAL STEROIDS

Affected Drugs

flunisolide

fluticasone propionate

NASACORT AQ®

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): Flunisolide, Fluticasone Propionate. Step 2 Drug(s): Nasacort AQ. 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 NCPDP number: 75.

OPHTHALMIC BETA BLOCKERS

Affected Drugs

betaxolol

carteolol

COMBIGAN[®]

dorzolamide/timolol

levobunolol

metipranolol

timolol

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): Combigan. 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.

OVERACTIVE BLADDER

Affected Drugs

ENABLEX®

oxybutynin

SANCTURA XR®

SANCTURA®

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): Oxybutynin Chloride, Oxybutynin Chloride Er. Step 2 Drug(s): Enablex, Sanctura, Sanctura 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 oxybutynin product 1st". Override allowed: Yes. Override NCPCP number: 75.

PROTON PUMP INHIBITORS

Affected Drugs

lansoprazole

NEXIUM®

omeprazole

pantoprazole

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): Lansoprazole, Omeprazole. Step 2 Drug(s): Nexium, Pantoprazole Sodium. Note - If a member has tried brand Prilosec, they do not need to try generic omeprazole. 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 first". Override allowed: Yes. Override NCPCP number: 75.

SEDATIVE HYPNOTICS

Affected Drugs

AMBIEN CR®

LUNESTA®

ROZEREM®

zaleplon

zolpidem

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): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Ambien Cr, Lunesta, 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. 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.

STRATTERA

Affected Drugs

amphetamine/dextroamphetamine

CONCERTA®

d-amphetamine

DESOXYN®

dexmethylphenidate

METADATE CD®

methamphetamine

methylphenidate

STRATTERA®

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): Amphetamine Salt Combo, Concerta, Desoxyn, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Liquadd, Metadate CD [Crohn's Disease], Metadate Er, Methamphetamine, Methylin, Methylin Er, Methylphenidate Er, Methylphenidate Hcl. Step 2 Drug(s): 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

AZOR®
benazepril
benazepril/amlodipine besylate
benazepril/hctz
captopril
captopril/hctz
COZAAR®
DIOVAN HCT®
DIOVAN®
enalapril
enalapril maleate/hctz
EXFORGE HCT®
EXFORGE®
fosinopril
fosinopril/hctz
HYZAAR®
lisinopril
lisinopril/hctz
losartan
losartan /hctz
moexipril
moexipril/hctz
perindopril erbumine
quinapril
quinapril/hctz
ramipril
TEKTURNA HCT®
TEKTURNA®
trandolapril

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): Amlodipine Besylate-benazepril, Azor, Benazepril Hcl, Benazepril Hcl-hctz, Captopril, Captopril-hydrochlorothiazide, Cozaar, Diovan, Diovan Hct, Enalapril Maleate, Enalapril Maleate-hctz, Exforge, Exforge Hct, Fosinopril Sodium,



**Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)**

Fosinopril-hydrochlorothiazide, Hyzaar, Lisinopril, Lisinopril-hctz, Losartan potassium, Losartan-hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Quinaretic, Ramipril, Trandolapril. Step 2 Drug(s): Tekturna, Tekturna Hct. 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®
ACTOS®
AVANDAMET®
AVANDARYL®
AVANDIA®
DUETACT®
glipizide/metformin hcl
glyburide/metformin hcl
JANUMET®
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): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, 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 NCPDP number: 75.

TOPICAL IMMUNOMODULATORS

Affected Drugs

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

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): 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®

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. 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 NCPCP number: 75.

ZETIA

Affected Drugs

ADVICOR®
CRESTOR®
lovastatin
pravastatin
SIMCOR®
simvastatin
VYTORIN®
ZETIA®

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, Crestor, Lovastatin, Pravastatin Sodium, Simcor, Simvastatin, Vytorin. 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

ACTONEL WITH CALCIUM®, 14
 ACTONEL®, 14
 ACTOPLUS MET®, 28
 ACTOS®, 28
 ADVICOR®, 31
 alclometasone, 29
 alendronate, 14
 allopurinol, 30
 AMBIEN CR®, 24
 amcinonide, 29
 amlodipine, 15
 amphetamine/dextroamphetamine, 25
 AVANDAMET®, 28
 AVANDARYL®, 28
 AVANDIA®, 28
 AZOR®, 10, 26
 benazepril, 10, 26
 benazepril/amlodipine besylate, 10, 15, 26
 benazepril/hctz, 10, 26
 betameth/propylene glycol, 29
 betamethasone dipropionate, 29
 betamethasone valerate, 29
 betaxolol, 21
 BONIVA®, 14
 captopril, 10, 26
 captopril/hctz, 10, 26
 carteolol, 21
 CELEBREX®, 16
 cholestyramine/aspartame, 13
 cholestyramine/sucrose, 13
 citalopram, 12
 clobetasol propionate, 29
 colchicine/probenecid, 30
 colestipol, 13
 COMBIGAN®, 21
 CONCERTA®, 25
 COZAAR®, 10, 26
 CRESTOR®, 18, 31
 CYMBALTA®, 12
 d-amphetamine, 25
 desonide, 29
 desoximetasone, 29
 DESOXYN®, 25
 dexmethylphenidate, 25
 diclofenac potassium, 16
 diclofenac sodium, 16
 diflorasone, 29
 DIOVAN HCT®, 10, 26
 DIOVAN®, 10, 26
 dorzolamide/timolol, 21
 DUETACT®, 28
 EFFEXOR XR®, 12
 ELIDEL®, 29
 ENABLEX®, 22
 enalapril, 10, 26
 enalapril maleate/hctz, 10, 26
 etodolac, 16
 EXFORGE HCT®, 10, 26
 EXFORGE®, 10, 26
 felodipine, 15
 fenofibrate, 17
 fenoprofen, 16
 flunisolide, 20
 fluocinolone acetonide, 29
 fluocinonide, 29
 fluoxetine, 12
 flurbiprofen, 16
 fluticasone propionate, 20, 29
 fluvoxamine, 12
 fosinopril, 10, 26
 fosinopril/hctz, 10, 26



Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)

gabapentin, 19
glipizide/metformin hcl, 28
glyburide/metformin hcl, 28
halobetasol propionate, 29
hydrocortisone, 29
hydrocortisone butyrate, 29
hydrocortisone valerate, 29
hydrocortisone/mo/petrolatum, 29
HYZAAR®, 10, 26
ibuprofen, 16
indomethacin, 16
isradipine, 15
JANUMET®, 28
ketoprofen, 16
ketorolac, 16
lansoprazole, 23
levobunolol, 21
LEXAPRO®, 12
lisinopril, 10, 26
lisinopril/hctz, 10, 26
losartan, 10, 26
losartan /hctz, 10, 26
lovastatin, 18, 31
LUNESTA®, 24
LYRICA®, 19
meclofenamate, 16
meloxicam, 16
METADATE CD®, 25
metformin, 28
methamphetamine, 25
methylphenidate, 25
metipranolol, 21
moexipril, 10, 26
moexipril/hctz, 10, 26
mometasone, 29
nabumetone, 16
naproxen, 16
naproxen sodium, 16
NASACORT AQ®, 20
NEURONTIN®, 19
NEXIUM®, 23
nicardipine, 15
nifedipine, 15
nimodipine, 15
nisoldipine, 15
omeprazole, 23
oxaprozin, 16
oxybutynin, 22
pantoprazole, 23
paroxetine, 12
perindopril erbumine, 10, 26
piroxicam, 16
pravastatin, 18, 31
prednicarbate, 29
PRISTIQ®, 12
probenecid, 30
PROTOPIC®, 29
quinapril, 10, 26
quinapril/hctz, 10, 26
ramipril, 10, 26
RIOMET®, 28
ROZEREM®, 24
SANCTURA XR®, 22
SANCTURA®, 22
SAVELLA®, 12
sertraline, 12
SIMCOR®, 31
simvastatin, 18, 31
STRATTERA®, 25
SULAR®, 15
sulindac, 16
TEKTURNA HCT®, 26
TEKTURNA®, 26
timolol, 21
tolmetin, 16
trandolapril, 10, 26



**Medicare Prime Closed 2010 Step Therapy Criteria
Value + Rx Plan (HMO)**

triamcinolone acetonide, 29
TRICOR®, 17
TRILIPIX®, 17
ULORIC®, 30
venlafaxine, 12

VYTORIN®, 18, 31
WELCHOL®, 13
zaleplon, 24
ZETIA®, 31
zolpidem, 24