



UCARE FOR SENIORS (HMO-POS) 2010 STEP THERAPY CRITERIA

In some cases, *UCare for Seniors* requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, *UCare for Seniors* may not cover Drug B unless you try Drug A first. If Drug A does not work for you, *UCare for Seniors* will then cover Drug B.

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ANTIDEPRESSANTS

Affected Drugs

APLENZIN[®]
CELEXA[®]
CYMBALTA[®]
EFFEXOR XR[®]
EFFEXOR[®]
LEXAPRO[®]
LUVOX CR[®]
PAXIL CR[®]
PAXIL[®]
PEXEVA[®]
PRISTIQ[®]
PROZAC WEEKLY[®]
PROZAC[®]
RAPIFLUX[®]
REMERON[®]
SARAFEM[®]
VENLAFAXINE ER[®]
WELLBUTRIN SR[®]
WELLBUTRIN XL[®]
WELLBUTRIN[®]
ZOLOFT[®]

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): Fluoxetine, Selfemra, Budeprion Sr, Budeprion XI, Bupropion, Bupropion Sr, Citalopram, Fluvoxamine, Mirtazapine, Nefazodone, Paroxetine, Sertraline, Venlafaxine.

Step 2 Drug(s): Sarafem, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Cymbalta, Effexor Xr, Lexapro, Pristiq, Celexa, Effexor, Luvox Cr, Paxil, Paxil Cr, Pexeva, Prozac, Prozac Weekly, Remeron, Venlafaxine Er, Zoloft, Aplenzin, Rapiflux

Number of days for claims review for first line drugs: 180 days.

This step therapy program applies to new utilizers only.

ARB/TEKTURNA

Affected Drugs

ATACAND HCT[®]
ATACAND[®]
AVALIDE[®]
AVAPRO[®]
AZOR[®]
BENICAR HCT[®]
BENICAR[®]
COZAAR[®]
DIOVAN HCT[®]
DIOVAN[®]
EXFORGE HCT[®]
EXFORGE[®]
HYZAAR[®]
MICARDIS HCT[®]
MICARDIS[®]
TEKTURNA HCT[®]
TEKTURNA[®]
TWYNSTA[®]
VALTURNA[®]

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): Amlodipine-benazepril, Benazepril, Benazepril-hctz, Captopril, Captopril-hctz, Enalapril, Enalapril-hctz, Fosinopril, Fosinopril-hyctz, Lisinopril, Lisinopril-hctz, Moexipril, Moexipril-hctz, Quinapril, Quinapril-hctz, Quinaretic, Ramipril, Trandolapril, Accupril, Accuretic, Aceon, Altace, Capoten, Lotensin, Lotensin Hct, Lotrel, Mavik, Monopril, Monopril Hct, Prinivil, Prinzide, Tarka, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril, Perindopril.

Step 2 Drug(s): Azor, Cozaar, Diovan, Diovan HCT, Exforge, Exforge HCT, Hyzaar, Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Micardis, Micardis HCT, Teveten, Teveten HCT, Twynsta, Valturna.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

BISPHOSPHONATES

Affected Drugs

ACTONEL WITH CALCIUM[®]

ACTONEL[®]

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.

Step 1 Drug(s): Alendronate.

Step 2 Drug(s): Actonel, Actonel With Calcium, Boniva, Fosamax, Fosamax Plus D.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

COX-2

Affected Drugs

CELEBREX®

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, Arthrotec, Cataflam, Clinoril, Daypro, Diclofenac, Diclofenac, Ec-naprosyn, Etodolac, Feldene, Fenoprofen, Flurbiprofen, Ibuprofen, Indocin, Indocin Sr, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Meloxicam, Mobic, Nabumetone, Nalfon, Naprelan, Naprelan CR, Naprosyn, Naproxen, Oxaprozin, Piroxicam, Ponstel, Sulindac, Tolmetin, 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 100 days.

Number of days for claims review for first line drugs: 180 days.

This step therapy program applies to new utilizers only.

DIABETIC MEDS

Affected Drugs

ACTOPLUS MET[®]
ACTOS[®]
AVANDAMET[®]
AVANDARYL[®]
AVANDIA[®]
DUETACT[®]
JANUMET[®]
JANUVIA[®]
ONGLYZA[®]

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, Metformin Er, Fortamet, Glucophage, Glucophage Xr, Glumetza, Riomet, Glipizide-metformin, Glucovance, Glyburide-metformin, Metaglip, Prandimet, Riomet.

Step 2 Drug(s): Actoplus Met, Actos, Avandamet, Avandaryl, Avandia, Duetact, Januvia, Janumet, Onglyza.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

HMGS

Affected Drugs

ALTOPREV®
CADUET®
CRESTOR®
LESCOL XL®
LESCOL®
LIPITOR®
MEVACOR®
PRAVACHOL®
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): Lovastatin, Pravastatin, Simvastatin.

Step 2 Drug(s): Crestor, Vytorin, Caduet, Lipitor, Altoprev, Lescol, Lescol XI, Mevacor, Pravachol, Zocor.

Number of days for claims review for first line drugs: 100 days.

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.

Members with a history of the following drugs within the 120 day look back period are excluded from step therapy for Lyrica. Seizure Medications - Diazepam, Felbamate, Ethotoin, Phenytoin, Succinimides, Primidone, Phenobarbital.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

NASAL STEROIDS

Affected Drugs

BECONASE AQ®
FLONASE®
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.

Step 1 Drug(s): Flunisolide, Fluticasone.

Step 2 Drug(s): Nasacort Aq, Beconase Aq, Flonase, Nasarel, Nasonex, Omnaris, Rhinocort Aqua, Veramyst.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

PPIS

Affected Drugs

ACIPHEX[®]
KAPIDEX[®]
NEXIUM[®]
PREVACID NAPRAPAC[®]
PREVACID[®]
PRILOSEC[®]
PROTONIX[®]
ZEGERID[®]

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): Omeprazole, Pantoprazole, Lansoprazole

Step 2 Drug(s): Nexium, Aciphex, Kapidex, Prevacid, Prilosec, Protonix, Prevacid Naprapac, Zegerid.

Number of days for claims review for first line drugs: 180 days.

This step therapy program applies to new utilizers only.

SAVELLA

Affected Drugs

GABAPENTIN
NEURONTIN®
SAVELLA®

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): Savella.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

SEDATIVE HYPNOTICS

Affected Drugs

AMBIEN CR[®]

AMBIEN[®]

EDLUAR[®]

LUNESTA[®]

ROZEREM[®]

SONATA[®]

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.

Step 2 Drug(s): Lunesta, Rozerem, Ambien, Ambien Cr, Sonata, Edluar.

Number of days for claims review for select or first line drugs: 100 days.

This step therapy program applies to new utilizers only.

TOPICAL IMMUNOMODULATORS

Affected Drugs

ELIDEL[®]
PROTOPIC[®]

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, Amcinonide, Betamethasone, Betamethasone, Beta-val, Carmol Hc, Clobetasol, Clobex, Cloderm, Cordran, Cordran Sp, Cormax, Cutivate, Del-beta, Derma-smoothe-fs, Dermatop, Desonate, Desonide, Desowen, Desoximetasone, Diflorasone, Diprolene, Diprolene Af, Elocon, Fluocinolone, Fluocinonide Emollient, Fluticasone, Halobetasol, Halog, Hydrocortisone, Hydrocortisone, Kenalog, Locoid, Locoid Lipocream, Lokara, Luxiq, Mometasone, Olux-e, Pandel, Prednicarbate, Temovate, Texacort, Topicort, Topicort Lp, Triamcinolone , Triderm, U-cort, Ultravate, Vanos, Verdeso, Westcort.

Step 2 Drug(s): Elidel, Protopic.

Number of days for claims review for first line drugs: 60 days.

This step therapy program applies to new utilizers only.

TRIPTANS

Affected Drugs

AMERGE®
AXERT®
FROVA®
IMITREX®
MAXALT MLT®
MAXALT®
RELPAX®
SUMAVEL®
TREXIMET®
ZOMIG ZMT®
ZOMIG®

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): Sumatriptan.

Step 2 Drug(s): Amerge, Axert, Frova, Imitrex, Maxalt, Maxalt-MLT, Relpax, Treximet, Zomig, Zomig ZMT, Sumavel.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

ZETIA

Affected Drugs

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, Altoprev, Caduet, Crestor, Lescol, Lescol XI, Lipitor, Lovastatin, Mevacor, Pravachol, Pravastatin, Simcor, Simvastatin, Vytorin, Zocor.

Step 2 Drug(s): Zetia.

Number of days for claims review for first line drugs: 100 days.

This step therapy program applies to new utilizers only.

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