

STEP THERAPY PROGRAM FOR ASCENSION HEALTH

January 2014

*****Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a step two medication may be approved without a trial of a first step medication.*****

Step Therapy Program	Targeted drugs	First step drugs	This program looks for
Angiotensin II Receptor Antagonists (ARBs):	Benicar, Benicar HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Micardis, Micardis HCT, Teveten, Teveten HCT, Tribenzor, Twynsta	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, moexipril, trandolapril, moexipril/HCTZ, candesartan, candesartan/HCTZ, irebsartan, irebsartan/HCTZ, losartan, losartan/HCTZ, valsartan/HCTZ	Previous rx for ACE inhibitor or ACE combination AND generic ARB or generic ARB combination required.
Anticonvulsants	Potiga	cambazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, topiramate, valproate, valproic acid, zonisamide	Prior use of generics as 1st line agents
Antidepressants -	Aplenzin, Brintellix, Desvenlafaxine ER tabs, Khedezla, Luvox CR, Oleptro, Pexeva, Pristiq, Prozac/Weekly, Sarafem, Viibryd		Prior use of 2 first line generic medication: Aplenzin requires generic bupropion XL first; Oleptro requires immediate release trazodone first.
Asthma Agents	Xopenex/Xopenex HFA	ProAir HFA, Proventil HFA, Ventolin HFA	Prior use of albuterol
Atypical Antipsychotics	Abilify, Latuda, Seroquel XR	olanzapine, quetiapine, risperidone or ziprasidone	Prior use of two different generics as 1st line agents
Benign Prostatic Hypertrophy	Avodart, Rapaflo, Jalyn	alfuzosin, doxazosin, finasteride, tamsulosin or terazosin	Prior use of a generic BPH medication
Cholesterol-lowering Agents	Advicor, Altoprev, Crestor, Lescol, Lescol XL, Livalo, Simcor, Vytorin or Zetia	atorvastatin, atorvastatin/amlodipine, lovastatin, pravastatin, simvastatin	Prior use of two generic statins; Zetia concurrent use of any statin
COPD	Breo Ellipta	Serervent, Spiriva	Prior use of first line agent
COX-2 Inhibitors; naproxen + esomeprazole	Celebrex, Vimovo	2 of any of the following; diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, salsalate or sulindac	Prior use of 2 NSAIDs or salicylates
Diabetic Agents	Actosplus Met XR, Avandamet, Avandaryl, Avandia, Cycloset, Duetact, Invokana, Janumet, Janumet XR, Januvia, Jentadueto, Juvisync, Kazano, Kombiglyze XR, Nesina, Oseni, Onglyza, Tradjenta	metformin, metformin-glyburide, metformin-glipizide, or sulfonylurea	Prior use of generics as 1st line agents
Glaucoma Agents	Lumigan, Simbrinza, Travatan Z	latanoprost	Prior use of generic latanoprost; Simbrinza requires prior use of generic Cosopt or generic Trusopt
Hepatic Encephalopathy	Xiafaxin	lactulose	Prior use of lactulose
Hypnotics	Edluar, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, Zolpimist	zolpidem, zaleplon	Prior use of generic hypnotic
Migraine Agents	Alsuma, Axert, Frova, Imitrex, Maxalt/MLT, Relpax, Sumavel, Treximet, Zomig/ZMT	naratriptan, rizatriptan, sumatriptan or zolmitriptan	Prior use of generics as 1st line agents
	Difficid	vancomycin AND metronidazole	Prior use of vancomycin AND oral metronidazole

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Miscellaneous	Brisdelle	paroxetine or venlafaxine	Prior use of generics as 1st line agents
	Onfi	lamotrigine or topiramate	Prior use of generics as 1st line agents
	Trokendi XR	immediate release topiramate	Prior use of generics as 1st line agents
	Epaned	enalapril tablets	Prior use of generics as 1st line agents
MS Agents	Ampyra	Avonex, Betaseron, Copaxone, Rebif, Extavia	Concurrent use of 1 first line medication
Overactive Bladder	Detrol LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, Oxytrol, Sancture XR, Toviaz, Vesicare	oxybutynin immediate release, oxybutynin extended release, tolterodine, trospium	Prior use of generics as 1st line agents
Pain Management	Conzip, Gralise, Horizant	Generic tramadol ER for Conzip Immediate release gabapentin for Gralise Generic ropinerole or pramipexole for Horizant	Prior use of generics as 1st line agents
Topical Corticosteroids	Topicort Spray	Betamethasone dipropionate, desoximetasone, fluocinonide, mometasone	Prior use of generics as 1st line agents
Topical NSAIDs	Pennsaid, Voltaren gel	oral NSAIDs	Prior use of generic oral diclofenac for Pennsaid; any generic oral NSAID for Voltaren gel