

Step Therapy Group Desc	Drugs Name	Step Therapy Criteria
ANALGESICS, NARCOTICS	KADIAN	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS
ANTIBACTERIALS (EENT)	BESIVANCE	PRIOR CLAIM FOR CIPROFLOXACIN OPHTHALMIC DROPS OR OFLOXACIN OPHTHALMIC DROPS WITHIN THE LAST 120 DAYS
ANTIPSYCHOTIC AGENTS	LATUDA	PRIOR CLAIM FOR RISPERIDONE TABLET, RISPERIDONE DISINTEGRATING TABLET, CLOZAPINE TABLET, CLOZAPINE ORAL DISINTEGRATING TABLET, OLANZAPINE TABLET, OR IMMEDIATE RELEASE QUETIAPINE FUMARATE WITHIN THE PAST 120 DAYS.
ANTIULCER AGENTS	LANSOPRAZOLE	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND OMEPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
B VERSUS D ADMINISTRATIVE STEP	CYCLOPHOSPHAMIDE   METHOTREXATE   TREXALL	PRIOR CLAIM FOR A RHEUMATOID ARTHRITIS DRUG WITHIN THE PAST 120 DAYS.
BETA-BLOCKER AGENTS	BYSTOLIC	PRIOR PRESCRIPTION FOR A GENERIC BETA-BLOCKER (E.G., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL OR TIMOLOL) WITHIN THE PAST 120 DAYS.
CHOLINESTERASE INHIBITORS	COGNEX	PRIOR CLAIM FOR DONEPEZIL (ARICEPT, ARICEPT ODT), GALANTAMINE (RAZADYNE, RAZADYNE ER), OR RIVASTIGMINE (EXELON) WITHIN THE PAST 120 DAYS.
COPD	DALIRESP	PRIOR CLAIM FOR INHALED TIOTROPIUM (SPIRIVA) AND AN INHALED LONG ACTING BETA AGONIST OR AN INHALED LONG ACTING BETA AGONIST COMBINATION WITHIN THE LAST 365 DAYS.

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DIPEPTIDYL PEPTIDASE-4 ENZYME INHIBITORS	JANUMET   JANUVIA   KOMBIGLYZE XR   ONGLYZA   TRADJENTA	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS.
GANCICLOVIR OPTHALMIC	ZIRGAN	PRIOR CLAIM FOR TRIFLURIDINE 1% OPTHALMIC SOLUTION WITHIN THE PAST 120 DAYS.
GLP-1 ANALOGS	BYETTA   VICTOZA 3-PAK	PRIOR CLAIM FOR METFORMIN, A SULFONYLUREA (E.G. GLIPIZIDE, GLYBURIDE), OR A THIAZOLIDINEDIONE (E.G. PIOGLITAZONE, ROSIGLITIAZONE) WITHIN THE PAST 120 DAYS.
HYPERURICEMIC AGENTS	ULORIC	PRIOR CLAIM FOR ALLOPURINOL OR COLCHICINE WITHIN THE PAST 120 DAYS
KERATOPLASTIC AGENTS	VECTICAL	PRIOR CLAIM FOR TOPICAL CALCIPOTRIENE (DOVONEX) WITHIN THE PAST 120 DAYS.
KETOLIDES	KETEK	PRIOR CLAIM FOR A MACROLIDE WITHIN THE PAST 120 DAYS.
MULTIPLE SCLEROSIS AGENTS	BETASERON   EXTAVIA	PRIOR CLAIM FOR REBIF (INTERFERON BETA-1A) OR EXTAVIA (INTERFERON BETA-1B) OR COPAXONE (GLATIRAMIR ACETATE) WITHIN THE PAST 120 DAYS.
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	CELEBREX	PRIOR CLAIM FOR ONE (1) SEPARATE NON-STEROIDAL ANTI-INFLAMMATORY AGENTS WITHIN THE PAST 120 DAYS.
OPHTHALMIC ANTIHISTAMINES	PATADAY   PATANOL	PRIOR PRESCRIPTION FOR OTC LORATADINE OR OTC CETIRIZINE OR OTC GENERIC KETOTIFEN EYE DROPS (ALAWAY) OR PRESCRIPTION FEXOFENADINE OR CROMOLYN SODIUM EYE DROPS WITHIN THE PAST 120 DAYS.

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THIAZOLIDINEDIONES	ACTOPLUS MET   ACTOS   AVANDAMET   AVANDARYL   AVANDIA   DUETACT	PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE), GLIPIZIDE/METFORMIN (METAGLIP) OR A FORMULARY ORAL SULFONYLUREA (E.G., GLYBURIDE, GLIPIZIDE) WITHIN THE PAST 120 DAYS.
TOPICAL NSAID THERAPY AGENTS	VOLTAREN	PRIOR CLAIM FOR AN ORAL NON-STEROIDAL ANTI-INFLAMMATORY AGENT (E.G., IBUPROFEN, NAPROSYN) WITHIN THE PAST 120 DAYS.
TUMOR NECROSIS FACTOR	CIMZIA	PRIOR CLAIM FOR ADALIMUMAB (HUMIRA) OR ETANERCEPT (ENBREL) OR GOLIMUMAB (SIMPONI) WITHIN THE PAST 120 DAYS.