

**EASY CHOICE HEALTH PLAN  
Step Therapy Requirements**

**Effective Date: 05/01/2012**

**STEP THERAPY GROUP DESCRIPTION**

**ANALGESICS, NARCOTICS**

**DRUG NAME**

**KADIAN | MORPHINE SULFATE ER**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN)  
WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTIBACTERIALS (EENT)**

**DRUG NAME**

**BESIVANCE**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR CIPROFLOXACIN OPHTHALMIC DROPS, CIPROFLOXACIN OPHTHALMIC OINTMENT, OR OFLOXACIN OPHTHALMIC DROPS WITHIN THE LAST 120 DAYS.**

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**STEP THERAPY GROUP DESCRIPTION**

**ANTIDIABETIC AGENTS - INSULINS**

**DRUG NAME**

**LEVEMIR**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR INSULIN GLARGINE (LANTUS OR LANTUS SOLOSTAR) WITHIN  
THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**ANTIULCER AGENTS**

**DRUG NAME**

**DEXILANT | LANSOPRAZOLE**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR GENERIC FEDERAL LEGEND OMEPRAZOLE OR PANTOPRAZOLE  
WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**B VERSUS D ADMINISTRATIVE STEP**

**DRUG NAME**

**CYCLOPHOSPHAMIDE | METHOTREXATE | TREXALL**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR A RHEUMATOID ARTHRITIS DRUG WITHIN THE PAST 120 DAYS.**

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**STEP THERAPY GROUP DESCRIPTION**

**COPD**

**DRUG NAME**

**DALIRESP**

**STEP THERAPY CRITERIA**

**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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**STEP THERAPY GROUP DESCRIPTION**

**DIPEPTIDYL PEPTIDASE-4 ENZYME INHIBITORS**

**DRUG NAME**

**JANUMET | JANUMET XR | JANUVIA | JENTADUETO | JUVISYNC | KOMBIGLYZE XR |  
ONGLYZA | TRADJENTA**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR METFORMIN (GLUCOPHAGE), METFORMIN ER,  
GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP)  
WITHIN THE PAST 180 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**HYPERURICEMIC AGENTS**

**DRUG NAME**

**ULORIC**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR ALLOPURINOL OR COLCHICINE WITHIN THE PAST 120 DAYS**



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**STEP THERAPY GROUP DESCRIPTION**

**KETOLIDES**

**DRUG NAME**

**KETEK**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR A MACROLIDE WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**MULTIPLE SCLEROSIS AGENTS**

**DRUG NAME**

**BETASERON | EXTAVIA**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR REBIF (INTERFERON BETA-1A) OR AVONEX (INTERFERON BETA-1A) OR COPAXONE (GLATIRAMIR ACETATE) WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION  
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE**

**DRUG NAME**

**CELEBREX**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR ONE (1) NON-STEROIDAL ANTI-INFLAMMATORY AGENTS  
WITHIN THE PAST 120 DAYS.**



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**STEP THERAPY GROUP DESCRIPTION**

**OPHTHALMIC ANTIHISTAMINES**

**DRUG NAME**

**PATADAY | PATANOL**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR OTC LORATADINE, LORATADINE D, CETIRIZINE, CETIRIZINE D,  
OR GENERIC KETOTIFEN EYE DROPS (ALAWAY) OR PRESCRIPTION  
FEXOFENADINE, LEVOCETIRIZINE OR CROMOLYN SODIUM EYE DROPS WITHIN  
THE PAST 120 DAYS.**

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**STEP THERAPY GROUP DESCRIPTION**

**RENIN ANGIOTENSION SYSTEM INHIBITORS**

**DRUG NAME**

**AMTURNIDE | ATACAND | ATACAND HCT | AVALIDE | AVAPRO | AZOR | BENICAR |  
BENICAR HCT | DIOVAN | DIOVAN HCT | EXFORGE | EXFORGE HCT | MICARDIS |  
MICARDIS HCT | TEKAMLO | TEKTRUNA | TEKTRUNA HCT | TEVETEN | TEVETEN  
HCT | TRIBENZOR | VALTRUNA**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE  
INHIBITOR), OR ACE INHIBITOR COMBINATION OR A GENERIC ANGIOTENSIN  
RECEPTOR BLOCKER (ARB), OR GENERIC ARB COMBINATION WITHIN THE PAST 120  
DAYS.**

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**STEP THERAPY GROUP DESCRIPTION**

**THIAZOLIDINEDIONES**

**DRUG NAME**

**ACTOPLUS MET | ACTOPLUS MET XR | ACTOS | AVANDAMET | AVANDARYL |  
AVANDIA | DUETACT**

**STEP THERAPY CRITERIA**

**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.**

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**STEP THERAPY GROUP DESCRIPTION**

**TOPICAL NSAID THERAPY AGENTS**

**DRUG NAME**

**FLECTOR | VOLTAREN**

**STEP THERAPY CRITERIA**

**PRIOR CLAIM FOR AN ORAL NON-STEROIDAL ANTI-INFLAMMATORY AGENT (E.G.,  
IBUPROFEN, NAPROSYN) WITHIN THE PAST 120 DAYS.**

