



PEEHIP Step Therapy List



PEEHIP utilizes the following Step Therapy programs to ensure that prescription use by PEEHIP members is safe and affordable. As a PEEHIP member, you should be aware of the following Step Therapy programs when considering new prescription therapy for any of the conditions listed below. PEEHIP members are required to try a 1st Step Drug before PEEHIP will pay for a 2nd Step Drug. If after trying a 1st Step Drug your physician decides to prescribe a different medication, PEEHIP will cover the 2nd Step Drug listed below. A Prior Authorization (PA) is not needed as long as there is a presence of the 1st Step Drug in your claims history within the past 130 days. If your doctor by-passes the 1st Step Drug and prescribes a 2nd Step Drug, a Prior Authorization (PA) must be completed and submitted by your doctor's office. MedImpact, administrator of PEEHIP's prescription drug benefit, may approve the PA if your doctor provides clinical information that warrants the use of the 2nd Step Drug. Without an approved PA, the claim will be rejected and the member will be required to pay the full price of the medication. Your doctor can call MedImpact at the PEEHIP-exclusive Prior Authorization Department at 1-800-347-5841 to complete the PA review by phone, or to request a PA form. The completed PA form can be faxed to MedImpact at 1-877-606-0728. MedImpact will automatically notify the physician of the decision to approve or deny the PA.

PEEHIP members who are currently taking a 2nd step drug, and have had a prescription claim processed for that 2nd Step Drug through the PEEHIP prescription drug benefit within the prior 130 days, will not be subject to Step Therapy for that 2nd Step Drug, i.e. can be grandfathered in from the Step Therapy requirements. **NOTE: Samples are not considered processed claims for purposes of Step Therapy.** You can ask your doctor if a generic medication is appropriate for you, and share the PEEHIP Formulary (Preferred Drugs) List with your doctor. Keep the prescription drug program safe and affordable by being familiar with the Step Therapy programs.

KEY: Generics are listed in bold lower case; Formulary Brands are listed in bold upper case; Nonformulary brands are listed in regular upper case; Multi-source brands (MSBs) with an exact generic equivalent are listed in italics (MSBs are not covered unless the physician indicates in longhand writing on the prescription "medically necessary" or "dispense as written" or "do not substitute").

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
Allergies* *For allergy Step Therapy programs, members must have been on the 2 nd step drug or tried a generic within 360 days or a Prior Authorization will be required for a 2 nd step drug.	LEUKOTRIENE INHIBITORS	Brand or Generic Nasal Corticosteroid: BECONASE AQ FLONASE flunisolide fluticasone NASACORT , <i>NASACORT AQ</i> <i>NASAREL</i> NASONEX OMNARIS RHINOCORT AQ triamcinolone acetonide VERAMYST - AND - Brand or Generic Antihistamine or Antihistamine/Decongestant tablets or nasal sprays: <i>ALLEGRA</i> , <i>ALLEGRA D</i> <i>ASTELIN</i> ASTEPRO CLARINEX, CLARINEX D PATANASE <i>XYZAL</i>	Brands: ACCOLATE SINGULAIR ZYFLO, ZYFLO CR	N/A
	NASAL STEROIDS	Generics: flunisolide fluticasone triamcinolone acetonide	Brands: BECONASE AQ FLONASE NASACORT AQ NASAREL NASONEX OMNARIS RHINOCORT AQ VERAMYST	N/A
	NON-SEDATING ANTIHISTAMINES AND DECONGESTANTS (NSA/D)	Generic: levocetirizine	Brands: <i>ALLEGRA</i> , <i>ALLEGRA D</i> CLARINEX, CLARINEX D <i>XYZAL</i>	N/A
Alzheimer's	ACETYLCHOLINESTERASE INHIBITORS (CHIS)	Generics: donepezil galantamine , <i>galantamine er</i>	Brand: <i>ARICEPT</i> , <i>ARICEPT ODT</i> COGNEX <i>EXELON</i> <i>RAZADYNE</i> , <i>RAZADYNE ER</i>	N/A

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
Analgesic / Pain	COX-2 INHIBITORS	Generics: (Members must try two first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium etodolac fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen ketoralac meclufenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium oxaprozin piroxicam sulindac tolmetin sodium	Brand: CELEBREX	N/A
	NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)	Generics: (Members must try two first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium etodolac EC naproxen fenoprofen flurbiprofen ibuprofen Indomethacin ketoprofen ketoralac meclufenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium oxaprozin piroxicam sulindac tolmetin sodium	Brands: ANAPROX, ANAPROX DS ANSAID ARTHROTEC CATAFLAM CLINORIL DAYPRO FELDENE FLECTOR PATCH IC 400™ KIT IC 800™ KIT INDOCIN, INDOCIN SR LODINE, LODINE XL MOBIC MOTRIN NALFON NAPRELAN NAPROSYN EC-NAPROSYN ORUVAIL PENNSAID PONSTEL RELAFEN TORADOL VOLTAREN, VOLTAREN XR, VOLTAREN GEL ZIPSOR	N/A
Asthma	RESPIRATORY INHALANT COMBINATIONS	DULERA	ADVAIR HFA ADVAIR DISKUS SYMBICORT	
Bone Conditions	BISPHOSPHONATES	Generic: alendronate	Brands: ACTONEL, ACTONEL W/CALCIUM	Brands: BONIVA FOSAMAX, FOSAMAX PLUS D SOLUTION
COPD* *Members must have tried Spiriva and another 1 st step agents within 365 days or a Prior Authorization will be required.	SELECTIVE PHOSPHO - DIESTERASE 4 INHIBITORS	Brands: SPIRIVA - AND - ADVAIR DISKUS ADVAIR HFA DULERA FORADIL SEREVENT SYMBICORT	Brand: DALIRESP	N/A

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
Depression	OTHER ANTI DEPRESSANTS	Generics: citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine Brands: (Must try a generic first) CELEXA LEXAPRO LUVOX CR PAXIL, PAXIL CR PEXEVA PROZAC, PROZAC WEEKLY SARAFEM ZOLOFT	(Must try one first line generic or brand first) Brands: CYMBALTA EFFEXOR EFFEXOR XR PRISTIQ VENLAFAXINE ER	N/A
	OTHER ANTIDEPRESSANTS	Generics: budeprion, budeprion sr, budeprion xl bupropion, bupropion sr, bupropion xl	Brands: APLENZIN WELLBUTRIN SR, XL	N/A
	OTHER ANTIDEPRESSANTS	Generics: citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine	Brands: CELEXA CYMBALTA EFFEXOR, EFFEXOR XR LEXAPRO LUVOX CR PAXIL, PAXIL CR PEXEVA PRISTIQ PROZAC SARAFEM VENLAFAXINE ER ZOLOFT	N/A
	OTHER ANTIDEPRESSANTS	Generics : citalopram fluoxetine paroxetine sertraline mirtazapine bupropion ir bupropion sr bupropion xl	Brand : VIIBRYD	N/A
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	Generics: citalopram fluoxetine fluvoxamine paroxetine sertraline	Brands: CELEXA LEXAPRO LUVOX CR PAXIL, PAXIL CR PEXEVA PROZAC, PROZAC WEEKLY ZOLOFT	N/A
	OTHER ANTIDEPRESSANTS	Generic: trazodone	OLEPTRO	

Condition	Drug Category	1st Step Drug	2nd Step Drug	
Dermatologic	TOPICAL IMMUNOMODULATORS	Step 1- Topical Steroids: ACLOVATE ALA-CORT ALA-SCALP ALA-QUIN alclometasone ALCORTIN amcinonide ANAMANTLE APEXICON, E betamethasone betanate beta-val CAPEX CARMEL clobetasol CLOBEX CLODERM CORDRAN LOTION, CREAM CORDRAN OINTMENT, TAPE cormax CUTIVATE del-beta DERMA-SMOOTH dermazene DERMATOP DESONATE desonide DESOWEN desoximetasone diflorasone DIPROLENE DIPROSONE ELOCON embeline EPIFOAM FIRST HYDROCORT fluocinolone fluocinonide fluticasone halobetasol h-cortisone-iodoquinol	h-cortisone-iodoquinol hydrocortisone HALOG h-cortisone-iodoquinol hydrocortisone HYTONE KENALOG keratol LIDAMANTLE HC lidazone LIDEX lidocaine-hc LOCOID LOKARA LUXIQ mometasone MOMEXIN NOVACORT NUCORT NUZON OLUX-E PANDEL PERANEX PRAMOSONE prednicarbate PSORCON, E SCALACORT SYNALAR TEMOVATE TEXACORT TOPICORT triamcinolone triderm U-CORT ULTRAVATE VANOS VANOXIDE VERDESO VYTONE WESTCORT XYRALID ZYTOPIC	Step 2- Brand Topical Immunomodulators: ELIDEL PROTOPIC

Condition	Drug Category	1 st Step Drugs	2 nd Step Drugs	3 rd Step Drugs
Diabetes	DIPEPTIDYL PEPTIDASE-4 (DPP-IV) INHIBITORS & THIAZOLIDINEDIONES (TZDS) & OTHER ANTIDIABETIC AGENTS	METFORMIN & METFORMIN COMBOS Generics: metformin, metformin er metformin/glipizide metformin/glyburide Brands: FORTAMET GLUMETZA <i>GLUCOPHAGE, GLUCOPHAGE XR</i> <i>GLUCOVANCE</i> METAGLIP PRANDIMET RIOMET	TZDS : ACTOPLUS MET* ACTOS AVANDAMET* AVANDARYL AVANDIA DUETACT DPP-IV INHIBITORS : JANUMET** JANUVIA ONGLYZA TRADJENTA *If a member is currently on Actoplus Met or Avandamet, then the DPP-IV inhibitors will be covered. **If a member is currently on Janumet, then the TZDs will be covered. OTHER: CYCLOSET KOMBIGLYZE	N/A
Diabetes	ANTIDIABETIC COMBINATION	METFORMIN & METFORMIN COMBOS Generics: metformin, metformin er metformin/glipizide metformin/glyburide BRANDS: JANUVIA JANUMET TRADJENTA *Members must have tried one of the agents above within the past 180 days to receive Juvisynd.	JUVISYND	
Heartburn	PROTON PUMP INHIBITORS (PPIS)	Generics: lansoprazole omeprazole omeprazole/sodium bicarbonate pantoprazole	Brands: NEXIUM ACIPHEX DEXILANT <i>PREVACID (NON-OTC)</i> <i>PRILOSEC (NON-OTC)</i> <i>PROTONIX</i> <i>ZEGERID (NON-OTC)</i>	N/A

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
High Blood Pressure	ACE INHIBITORS(ACE)	<p>Generics: benazepril captopril enalapril fosinopril lisinopril moexipril perindopril quinapril ramipril trandolapril</p> <p>Generic combinations: benazepril/amlodipine benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz moexipril/hctz quinapril/hctz</p>	<p>Brands: ACCUPRIL ACEON ALTACE CAPOTEN LOTENSIN MAVIK MONOPRIL PRINIVIL UNIVASC VASOTEC ZESTRIL</p> <p>Brand combinations: ACCURETIC CAPOZIDE LEXCEL LOTENSIN HCT LOTREL MONOPRIL HCT PRINZIDE QUINARETIC TARKA UNIRETIC VASERETIC ZESTORETIC</p>	N/A
	ANGIOTENSIN-2 RECEPTOR BLOCKERS (ARBs)	<p>Step 1- ACE Inhibitors: Must try a generic ACE inhibitor first -OR- generic losartan +/- hctz</p>	<p>Step 2- ARBS: Preferred Brands: DIOVAN</p> <p>Preferred Brand Combinations: AZOR DIOVAN HCT EXFORGE, HCT</p>	<p>Step 3- ARBS: Non-Preferred Brands: ATACAND AVAPRO BENICAR COZAAR EDARBI MICARDIS TEVETEN</p> <p>Non-Preferred Brand Combinations: ATACAND HCT AVALIDE BENICAR HCT HYZAAR MICARDIS HCT TEVETEN HCT TWYNSTA</p>
	BETA BLOCKERS	<p>Generics: acebutolol atenolol atenolol-chlorthalidone betaxolol bisoprolol, -hctz carvedilol, er labetalol metoprolol, -hctz metoprolol succinate er nadolol, bendroflumethiazide pindolol propranolol, LA, -hctz timolol</p>	<p>Brands: BYSTOLIC CORGARD COREG, CR CORZIDE INDERAL, LA INDERIDE INNOPRAN XL KERLONE LEVATOL LOPRESSOR, HCT SECTRAL TENORETIC TENORMIN TOPROL XL TRANDATE ZEBETA ZIAC</p>	N/A

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
High Blood Pressure	CALCIUM CHANNEL BLOCKERS (CCBS)	Generics: verapamil er verapamil ir verapamil sr	Brands: CALAN CALAN SR COVERA-HS ISOPTIN SR VERELAN, PM	N/A
	CALCIUM CHANNEL BLOCKERS (CCBS)	Generics: amlodipine amlodipine/benazepril felodipine isradipine nicardipine ir nifedipine nisoldipine	Brands: ADALAT CC CARDENE, SR DYNACIRC CR NORVASC PLENDIL, ER PROCARDIA, XL SULAR	N/A
	RENIN INHIBITORS	Step 1- ACE Inhibitors: Must try a generic ACE inhibitor first	Step 2- Renin Inhibitors Brands: TEKTURNA TEKTURNA HCT VALTURNIA	N/A
	ANTIHYPERTENSIVE COMBINATION	Generics: Must try a generic ACE, ACE combination product, ARB or ARB combination product first	AMTURNIDE	
High Cholesterol To receive simvastatin 80mg or Vytorin 10/80 requires a prior prescription for either simvastatin 80mg or Vytorin 10/80 within the past 365 days.	CHOLESTEROL ABSORPTION INHIBITORS	Generics: lovastatin pravastatin simvastatin	Preferred Brands: CRESTOR VYTORIN Non-Preferred Brands*: ALTOPREV CADUET LESCOL, XL LIPITOR MEVACOR PRAVACHOL ZOCOR *Must try preferred brands first. See HMG Step Therapy.	Brands: ZETIA
	FENOFIBRATES	Generics: fenofibrate	Brands: ANTARA FIBRICOR FENOFIBRIC ACID FENOGLIDE LIPOFEN LOFIBRA TRICOR TRIGLIDE TRILIPIX	N/A
	HMG-COA REDUCTASE INHIBITORS(HMG)	Generics: lovastatin pravastatin simvastatin	Brands: CRESTOR* VYTORIN* *Crestor doses ≥ 10 mg and Vytorin doses ≥ 10/20 mg are not subject to Step Therapy.	Brands: ALTOPREV CADUET LESCOL,XL LIPITOR* MEVACOR PRAVACHOL ZOCOR *Patients receiving Lipitor doses ≥ 40 mg are not required to try a 1st step product but are required to try Crestor or Vytorin.
Insomnia	NON-BENZODIAZEPINE SEDATIVE HYPNOTICS	Generics: zaleplon zolpidem	Brands: AMBIEN AMBIEN CR EDLUAR LUNESTA ROZEREM SONATA	N/A
Multiple Sclerosis	MULTIPLE SCLEROSIS AGENTS	Members must try both first line agents before a second-line agent will be covered. REBIF COPAXONE	AVONEX BETASERON EXTAVIA	
Parkinson's Disease / Restless Leg Syndrome	DOPAMINE AGONISTS	Generic: ropinirole pramipexole	Brand: MIRAPEX MIRAPEX ER REQUIP, XL	N/A
Shingles Nerve Pain	GAMMA AMINOBUTYRIC ACID	Generic: gabapentin NEURONTIN	Brand: LYRICA	N/A

Condition	Drug Category	1st Step Drug	2nd Step Drug	3rd Step Drug
Urinary Conditions	URINARY RETENTION	Generic: finasteride	Brand: AVODART PROSCAR	N/A
	OVERACTIVE BLADDER	Generic: oxybutynin ir, xl	Brand: DETROL, LA DITROPAN, XL ENABLEX GELNIQUE OXYTROL SANCTURA SANCTURA XR TOVIAZ VESICARE	N/A