



# PEEHIP STEP THERAPY PROGRAM OVERVIEW



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 1<sup>st</sup> step drug before PEEHIP will pay for a 2<sup>nd</sup> step drug. If after trying a 1<sup>st</sup> step drug your physician decides to prescribe a different medication, PEEHIP will cover the 2<sup>nd</sup> step drug listed below. A Prior Authorization (PA) is not needed as long as there is a presence of the 1<sup>st</sup> step drug in your claims history within the past 130 days. If your doctor by-passes the 1<sup>st</sup> step drug and prescribes a 2<sup>nd</sup> step drug, a PA must be completed and submitted by your doctor's office. Express Scripts, Inc., administrator of PEEHIP's prescription drug benefit, may approve the PA if your doctor provides clinical information that warrants the use of the 2<sup>nd</sup> 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 Express Scripts 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 Express Scripts at 1-800-357-9577. Express Scripts will notify the member and his or her doctor of the decision to approve or not approve the PA.

PEEHIP members who are currently taking a 2<sup>nd</sup> step drug, and have had a prescription claim processed for that 2<sup>nd</sup> step drug through the PEEHIP prescription drug benefit within the prior 130 days, will not be subject to Step Therapy for that 2<sup>nd</sup> 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.

CONDITION	DRUG CATEGORY	1 <sup>ST</sup> STEP DRUGS	2 <sup>ND</sup> STEP DRUGS	3 <sup>RD</sup> STEP DRUGS
ALLERGIES*	LEUKOTRIENE INHIBITORS <sup>x</sup>	<u>Brand or Generic Nasal Corticosteroid:</u> BECONASE AQ <b>flunisolide</b> <b>fluticasone</b> <b>NASACORT, AQ</b> NASAREL <b>NASONEX</b> OMNARIS RHINOCORT AQ VERAMYST  - AND -  <u>Brand or Generic Antihistamine or Antihistamine/Decongestant tablets or nasal sprays:</u> ALLEGRA, -D <b>ASTELIN</b> <b>ASTEPRO</b> CLARINEX, -D <b>fexofenadine</b> PATANASE XYZAL	<u>Brands:</u> ACCOLATE <b>SINGULAIR</b> ZYFLO, CR	N/A
	NASAL STEROIDS	<u>Generics:</u> <b>flunisolide</b> <b>fluticasone</b>	<u>Brands:</u> BECONASE AQ FLONASE <b>NASACORT AQ</b> NASAREL <b>NASONEX</b> OMNARIS RHINOCORT AQ VERAMYST	N/A
	NON-SEDATING ANTIHISTAMINES AND DECONGESTANTS (NSA/D)	<u>Generic:</u> <b>fexofenadine</b>	<u>Brands:</u> ALLEGRA, -D CLARINEX, -D XYZAL	N/A

\*For allergy Step Therapy programs, members must have been on the 2<sup>nd</sup> step drug or tried a generic within 360 days or else a Prior Authorization will be required for a 2<sup>nd</sup> step drug.

<sup>x</sup>Members with prescriptions claims for asthma medications will not be subject to the Leukotriene Step Therapy program for allergies.



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ALZHEIMER'S DISEASE  <i>NEW PROGRAM EFFECTIVE 10/1/09</i>	ACETYLCHOLINESTERASE INHIBITORS (CHIs)	<u>Generics:</u> galantamine galantamine er	<u>Brand:</u> ARICEPT, ODT COGNEX EXELON RAZADYNE, ER	N/A
ANALGESIC/ PAIN	COX-2 INHIBITORS	<u>Generics:</u> (Members must try <b>two</b> first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium* etodolac* EC naproxen fenoprofen flurbiprofen ibuprofen indomethacin* ketoprofen* ketoralac meclofenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium* oxaprozin piroxicam sulindac tolmetin sodium  * = immediate release and extended release	<u>Brand:</u> CELEBREX	N/A
	NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	<u>Generics:</u> (Members must try <b>two</b> first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium* etodolac* EC naproxen fenoprofen flurbiprofen ibuprofen Indomethacin* ketoprofen* ketoralac meclofenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium* oxaprozin piroxicam sulindac tolmetin sodium  * = immediate release and extended release	<u>Brands:</u> ANAPROX, DS ANSAID ARTHROTEC CATAFLAM CLINORIL DAYPRO FELDENE FLECTOR PATCH INDOCIN, SR LODINE, XL MOBIC MOTRIN NALFON NAPRELAN NAPROSYN EC-NAPROSYN ORUDIS ORUVAIL PONSTEL RELAFEN TORADOL VOLTAREN, XR VOLTAREN GEL ZIPSOR	N/A



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ARTHRITIS	PROTON PUMP INHIBITORS (PPIs) AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)	<u>Generics:</u> <b>naproxen</b> -OR- <b>EC naproxen</b> -AND- <b>omeprazole</b>	<u>Brand:</u> PREVACID NAPRAPAC	N/A
BONE CONDITIONS	BISPHOSPHONATES	<u>Generic:</u> <b>alendronate</b>	<u>Brands:</u> <b>ACTONEL, W/CALCIUM</b>	<u>Brands:</u> BONIVA FOSAMAX, PLUS D, SOLUTION
DEPRESSION	OTHER ANTIDEPRESSANTS	<u>Generics:</u> <b>bupropion sr</b> <b>bupropion xl</b>	<u>Brands:</u> APLENZIN WELLBUTRIN XL	N/A
		<u>Generics:</u> <b>citalopram</b> <b>fluoxetine</b> <b>fluvoxamine</b> <b>paroxetine</b> <b>sertraline</b> <b>venlafaxine</b>	<u>Brands:</u> <b>LEXAPRO</b> PEVEVA	<u>Brands:</u> <b>CYMBALTA</b> EFFEXOR <b>EFFEXOR XR</b> PRISTIQ <b>VENLAFAXINE ER</b>
		<u>Generics:</u> <b>citalopram</b> <b>fluoxetine</b> <b>fluvoxamine</b> <b>paroxetine</b> <b>sertraline</b> <b>venlafaxine</b>	<u>Brands:</u> <b>CYMBALTA</b> EFFEXOR <b>EFFEXOR XR</b> <b>LEXAPRO</b> PEVEVA PRISTIQ <b>VENLAFAXINE ER</b>	<u>Brands:</u> SAVELLA  (Members must try two first-line generics –OR- one first-line generic and one Step 2 drug first )
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)	<u>Generics:</u> <b>citalopram</b> <b>fluoxetine</b> <b>fluvoxamine</b> <b>paroxetine</b> <b>sertraline</b>	<u>Brands:</u> CELEXA <b>LEXAPRO</b> LUVOX PAXIL, CR PEVEVA PROZAC, WEEKLY ZOLOFT	N/A
		<u>Generics:</u> <b>fluoxetine</b>	<u>Brands:</u> SARAFEM	N/A
DERMATOLOGIC	TOPICAL IMMUNOMODULATORS	<u>Generics: (topical)</u> <b>aclometasone dipropionate</b> <b>amcinonide</b> <b>betamethasone dipropionate</b> <b>clobetasone propionate</b> CLODERM CORDRAN <b>desoximetasone</b> <b>diflorasone diacetate</b> <b>fluticasone propionate</b> HALOG, -E <b>halobetasol propionate</b> <b>hydrocortisone butyrate</b> KENALOG LOCOID LIPOCREAM, LOTION <b>mometasone furoate</b> PANDEL <b>triamcinolone acetonide</b>	<u>Brands:</u> <b>ELIDEL</b> <b>PROTOPIC</b>	N/A



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HEARTBURN	PROTON PUMP INHIBITORS (PPIs)	<u>Generics:</u> <b>omeprazole</b>	<u>Generic:</u> <b>pantoprazole</b>  <u>Brand:</u> <b>NEXIUM</b>	<u>Brands:</u> ACIPHEX KAPIDEX PREVACID PRILOSEC (NON -OTC) PROTONIX ZEGERID
HIGH BLOOD PRESSURE	ACE INHIBITORS (ACE)	<u>Generics:</u> <b>benazepril</b> <b>captopril</b> <b>enalapril</b> <b>fosinopril</b> <b>lisinopril</b> <b>moexipril</b> <b>quinapril</b> <b>ramipril</b> <b>trandolapril</b>  <u>Generic combinations:</u> <b>benazepril/amiloride</b> <b>benazepril/hctz</b> <b>captopril/hctz</b> <b>enalapril/hctz</b> <b>fosinopril/hctz</b> <b>lisinopril/hctz</b> <b>moexipril/hctz</b> <b>quinapril/hctz</b>	<u>Brands:</u> ACCUPRIL ACEON ALTACE CAPOTEN LOTENSIN MONOPRIL PRINIVIL UNIVASC VASOTEC ZESTRIL  <u>Brand combinations:</u> ACCURETIC CAPOZIDE LEXXEL LOTENSIN HCT LOTREL PRINZIDE TARKA UNIRETIC VASERETIC ZESTORETIC	N/A
	ANGIOTENSIN-2 RECEPTOR BLOCKERS (ARBs)	(ACE INHIBITORS) <u>Generics:</u> <b>benazepril</b> <b>captopril</b> <b>enalapril</b> <b>fosinopril</b> <b>lisinopril</b> <b>moexipril</b> <b>quinapril</b> <b>ramipril</b> <b>trandolapril</b>  <u>Generic combinations:</u> <b>benazepril/amiloride</b> <b>benazepril/hctz</b> <b>captopril/hctz</b> <b>enalapril/hctz</b> <b>fosinopril/hctz</b> <b>lisinopril/hctz</b> <b>moexipril/hctz</b> <b>quinapril/hctz</b>	(ARBs) <u>Brands:</u> <b>COZAAR</b> <b>DIOVAN</b>  <u>Brand Combinations:</u> <b>AZOR</b> <b>DIOVAN HCT</b> <b>EXFORGE, HCT</b> <b>HYZAAR</b>	(ARBs) <u>Brands:</u> ATACAND AVAPRO BENICAR MICARDIS TEVETEN  <u>Brand Combinations:</u> ATACAND HCT AVALIDE BENICAR HCT MICARDIS HCT TEVETEN HCT



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HIGH BLOOD PRESSURE	BETA BLOCKERS	<u>Generics:</u> acebutolol atenolol atenolol- chlorthalidone betaxolol bisoprolol, -hctz labetalol metoprolol, -hctz metoprolol succinate er nadolol, bendroflumethiazide pindolol propranolol, LA, -hctz timolol	<u>Brands:</u> BYSTOLIC CORGARD COREG, CR CORZIDE INDERAL, LA INDERIDE INNOPRAN XL KERLONE LEVATOL LOPRESSOR, HCT SECTRAL TENORETIC TENORMIN TOPROL XL TRANDATE ZEBETA ZIAC	N/A
	CALCIUM CHANNEL BLOCKERS (CCBs)	<u>Generics:</u> verapamil er verapamil ir verapamil sr	<u>Brands:</u> CALAN CALAN SR COVERA-HS ISOPTIN SR VERELAN, PM	N/A
		<u>Generics:</u> amlodipine amlodipine/benazepril felodipine isradipine nicardipine ir nifedipine nisoldipine	<u>Brands:</u> ADALAT CC CARDENE SR DYNACIRC CR NORVASC PLENDIL, ER PROCARDIA, XL SULAR	N/A
	RENIN INHIBITORS	<u>Generics or Brands:</u> ACE Inhibitors & ACE Inhibitor combos (see above)	<u>Brands:</u> TEKTURNA TEKTURNA HCT	N/A
HIGH CHOLESTEROL	CHOLESTEROL ABSORPTION INHIBITORS	<u>Generics:</u> lovastatin pravastatin simvastatin  <u>Brands:</u> ADVICOR ALTOPREV CADUET CRESTOR LESCOL, XL LIPITOR* MEVACOR PRAVACHOL SIMCOR VYTORIN ZOCOR	<u>Brands:</u> ZETIA	N/A
	FENOFIBRATES  <i>NEW PROGRAM EFFECTIVE 10/1/09</i>	<u>Generics:</u> fenofibrate	<u>Brands:</u> ANTARA FENOGLIDE LIPOFEN LOFIBRA TRICOR TRIGLIDE TRILIPIX	N/A



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HIGH CHOLESTEROL	HMG-COA REDUCTASE INHIBITORS (HMG)	<u>Generics:</u> lovastatin pravastatin simvastatin	<u>Brands:</u> <b>CRESTOR*</b> <b>VYTORIN*</b>  *Crestor doses ≥ 10 mg and Vytorin doses ≥ 10/20 mg are not subject to Step Therapy.  *If the patient requires a documented ≥45% reduction in LDL-C they are not required to try a 1 <sup>st</sup> step product.	<u>Brands:</u> ALTOPREV CADUET LESCOL, XL LIPITOR* MEVACOR PRAVACHOL ZOCOR  *Patients receiving Lipitor doses ≥ 40 mg are not required to try a 1 <sup>st</sup> step product but are required to try Crestor or Vytorin.
INSOMNIA*	NON-BENZODIAZEPINE SEDATIVE HYPNOTICS	<u>Generics:</u> zaleplon zolpidem	<u>Brands:</u> AMBIEN <b>AMBIEN CR</b> EDLUAR LUNESTA <b>ROZEREM</b> SONATA	N/A
<p><i>*Prescriptions for sedative hypnotic medications are limited to #15 tablets per 30 days.</i></p> <p><i>*Step Therapy does not apply to claims for Rozerem for members 65 years of age and older.</i></p>				
PARKINSON'S DISEASE/ RESTLESS LEG SYNDROME	DOPAMINE AGONISTS  <b>NEW PROGRAM EFFECTIVE 10/1/09</b>	<u>Generic:</u> ropinirole	<u>Brand:</u> <b>MIRAPEX</b> REQUIP, XL	N/A
SHINGLES NERVE PAIN	GAMMA AMINOBUTYRIC ACID	<u>Generic:</u> gabapentin	<u>Brand:</u> <b>LYRICA</b>	N/A
URINARY CONDITIONS	URINARY RETENTION	<u>Generic:</u> finasteride	<u>Brand:</u> AVODART PROSCAR	N/A
	OVERACTIVE BLADDER	<u>Generic:</u> oxybutynin ir, xl	<u>Brand:</u> DETROL, LA DITROPAN, XL <b>ENABLEX</b> GELNIQUE OXYTROL SANCTURA SANCTURA XR TOVIAZ <b>VESICARE</b>	N/A