

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.

Please Note: This list is subject to change. Generics may be subject to step therapy. In addition, select brands may move to tier 3 status if a generic equivalent becomes available.

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 | Generic: montelukast zafirlukast -OR- Generic Nasal Corticosteroid: flunisolide nasal spray triamcinolone acetonide nasal spray - AND - Generic Antihistamine or Antihistamine/Decongestant tablets or nasal sprays: azelastin desloratadine levocetirizine | Brands: ACCOLATE SINGULAIR GRANULES | <i>SINGULAIR tablets and chew tabs</i> |
| Allergies* | ANTIHISTAMINE | immediate release carbinoxamine maleate | KARBINAL ER | N/A |
| Alzheimer's | ACETYLCHOLINESTERASE INHIBITORS (CHIS) | Generics: donepezil galantamine, galantamine er rivastigmine cap | Brand: ARICEPT, ARICEPT ODT COGNEX EXELON cap EXELON soln RAZADYNE, RAZADYNE ER | 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 meclofenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium oxaprozin piroxicam sulindac tolmetin sodium | Brand: CELEBREX | N/A |
| Analgesic / Pain | NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) I | 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 meclofenamate 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 PONSTEL RELAFEN TORADOL VOLTAREN, VOLTAREN XR, | N/A |
| Analgesic / Pain | NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) | Generic: diclofenac | ZORVOLEX | N/A |
| Analgesic / Pain | NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) | VOLTAREN GEL | PENNSAID | N/A |
| Analgesic / Pain | NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) | Generic: diclofenac | ZIPSOR | N/A |
| Analgesic / Pain | OPIOID ANALGESIC | Generic: tramadol extended release | CONZIP | N/A |
| Analgesic / Pain | MIGRAINE I *Members must have been on the 2 nd step drug or tried a generic within the past 180 days or a Prior Authorization will be required for a 2 nd step drug. | Generic: sumatriptan rizatriptan | AXERT RELPAX FROVA ZOMIG ZOMIG NASAL | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|------------------------|--|---|-----------------------|---------------|
| Analgesic / Pain cont. | MIGRAINE II Members must have been on the 2 nd step drug or tried a generic within the past 180 days or a Prior Authorization will be required for a 2 nd step drug. | Generic: sumatriptan oral sumatriptan nasal | SUMAVEL DOSE PRO | N/A |
| Anaphylaxis | ANAPHYLAXIS AGENTS | EPIPEN | AUVI-Q ADRENAClick | N/A |
| Anti-infective Agents | ANTISEBORRHEIC AGENTS | Generics: ketconazole shampoo/cream ciclopirox shampoo/gel | OVACE PLUS | N/A |
| Anti-Infective Agents | ANTIFUNGAL TOPICAL *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Generics: ketconazole AND clotrimazole | LUZU | N/A |
| Anti-Infective Agents | ANTIRETROVIRAL I | ATRIPLA ISENTRESS REYATAZ PREZISTA SUSTIVA | INVIRASE | N/A |
| Anti-Infective Agents | ANTIRETROVIRAL II | Generics: abacavir didanosine lamivudine nevirapine stavudine zidovudine Brands: APTIVUS ATRIPLA COMBIVIR COMPLERA CRIVAN EDURANT EMTRIVA EPIVIR <i>EPIVIR HBV</i> EPZICOM INTELENCE INVIRASE ISENTRESS KALETRA LEXIVA NORVIR PREZISTA RESCRIPTOR RETROVIR REYATAZ SELZENTRY STRIBILD SUSTIVA TIVICAY <i>TRIZIVIR</i> TRUVADA VIDEX <i>VIDEX EC</i> VIRACEPT VIRAMUNE VIREAD ZERIT ZIAGEN | FUZEON | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|--|---|--|---|---------------|
| Anti-Psychotics For Anti-Psychotic Step Therapy programs, members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | BENZOISOTHIAZOL AND DIBENZAPINE DERIVATIVES | Generics: Requires a trial of any two generics shown below. olanzapine quetiapine IR risperidone risperidone ODT ziprasidone | FANAPT INVEGA LATUDA SAPHRIS VERSACLOZ | N/A |
| Anti-Psychotics For Anti-Psychotic Step Therapy programs, members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | QUINOLINONE DERIVATIVE | Generics: Requires a trial of any two generics shown below. olanzapine quetiapine IR risperidone risperidone ODT ziprasidone venlafaxine citalopram escitalopram fluoxetine paroxetine sertraline | ABILIFY | N/A |
| Anti-Psychotics | DIBENZAPINE DERIVATIVE | Generics: Requires a trial of any two generics shown below. olanzapine quetiapine IR risperidone risperidone ODT ziprasidone venlafaxine citalopram escitalopram fluoxetine paroxetine sertraline | SEROQUEL XR | N/A |
| Asthma | RESPIRATORY INHALANT COMBINATIONS | DULERA | ADVAIR HFA ADVAIR DISKUS | N/A |
| Asthma | RESPIRATORY INHALANT COMBINATIONS II | DULERA BREO ELLIPTA | SYMBICORT | N/A |
| Asthma | RESPIRATORY INHALANT PRODUCTS *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Requires a trial of 2 of the following QVAR ASMANEX PULMICORT FLEX HALER | AEROSPAN ALVESCO FLOVENT HFA FLOVENT DISKUS | N/A |
| Bone Conditions | BISPHOSPHONATE *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Generics: alendronate AND Ibandronate | Brands: ACTONEL, ACTONEL W/CALCIUM ATELVIA BONIVA FOSAMAX FOSAMAX PLUS D | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|-----------------|--|---|---|---------------|
| Bone Conditions | BIPHOSPHONATE -2 *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Generic: alendronate AND Ibandronate FOSAMAX PLUS D | BINOSTO | N/A |
| CNS Agents | ADD/ADHD I | Generics: methylphenidate HCl methylphenidate LA | QUILLIVANT XR | N/A |
| CNS Agents | ADD/ADHD II | Generics: methylphenidate HCl methylphenidate CD methylphenidate ER methylphenidate LA methylphenidate suspension/solution | DAYTRANA | N/A |
| CNS Agents | ADHD III | Trial of methylphenidate IR, mixed amphetamine salts (Adderall), or methylphenidate ER/LA/CD required | VYVANSE | N/A |
| CNS Agents | ANTICONVULSANT | Generics: lamotrigine topiramate valproic acid | BANZEL | N/A |
| CNS Agents | ANTICONVULSANT | Generic: lamotrigine immediate release | LAMICTAL ODT LAMICTAL XR | N/A |
| CNS Agents | ANTICONVULSANT | Generics: divalproex valproic acid | STAVZOR | N/A |
| CNS Agents | ANTICONVULSANT | Generics: topiramate | TROKENDI XR | N/A |
| CNS Agents | ANTICONVULSANT | Generic: lamotrigine topiramate | ONFI FELBATOL | N/A |
| CNS Agents | ANTICONVULSANT *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Trial of 2 required: carbamazepine gabapentin lamotrigine levetiracetam IR or ER oxcarbazepine topiramate zonisamide valproic acid divalproex | APTOM FYCOMPA GABITRIL POTIGA VIMPAT | N/A |
| CNS Agents | ANTIEMETIC | Generic: ondansetron tablet or ODT | ANZEMET CESAMET KYTRIL SANCUSO ZUPLLENZ | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | | 3rd Step Drug |
|--------------|---|---|---|---|--|
| COLD SORES | ANTIVIRALS | acyclovir famciclovir valacyclovir | SITAVIG XERESE | | N/A |
| COPD | SELECTIVE PHOSPHO - DIESTERASE 4 INHIBITOR | Brands: DULERA SPIRIVA SEREVENT BREQ ELIPTA ADVAIR | Brand: DALIRESP | | N/A |
| COPD | BRONCHODILATORS | Brand: FORADIL | Brands: ARCAPTA SEREVENT | | N/A |
| COPD | SYMPATHOMIMETICS | SEREVENT DISKUS | STRIVERDI RESPIMAT | | N/A |
| Depression | OTHER ANTIDEPRESSANTS | Generics: budeprion, budeprion sr, budeprion xl bupropion, bupropion sr, bupropion xl | Brand: <i>WELLBUTRIN SR, XL</i> | | N/A |
| Depression | OTHER ANTIDEPRESSANTS | Generic: bupropion | Brands: FORFIVO XL APLENZIN | | N/A |
| Depression | OTHER ANTIDEPRESSANTS | Generics: citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine | Brands: <i>CELEXA</i> <i>CYMBALTA</i> <i>EFFEXOR, EFFEXOR XR</i> <i>LEXAPRO</i> <i>LUVOX CR</i> <i>PAXIL, PAXIL CR</i> <i>PROZAC</i> <i>SARAFEM</i> <i>VENLAFAXINE ER</i> <i>ZOLOFT</i> | | N/A |
| Depression | OTHER ANTIDEPRESSANTS *Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | Trial of 2 required : citalopram escitalopram fluoxetine paroxetine sertraline mirtazapine bupropion ir bupropion sr bupropion xl venlafaxine IR/ER | Brand : DESVENLAFAXINE ER PRISTIQ KHEDEZLA VIIBRYD | | N/A |
| Dermatologic | TOPICAL IMMUNOMODULAT- ORS <i>Cont. on next page</i> | Step 1- Topical Steroids: <i>ACLOVATE</i> <i>ALA-CORT</i> <i>ALA-SCALP</i> <i>ALA-QUIN</i> alclometasone ALCORTIN amcinonide <i>ANAMANTLE</i> <i>APEXICON, E</i> betamethasone betanate beta-val <i>CAPEX</i> <i>CARMEL</i> clobetasol <i>CLOBEX</i> <i>CLODERM</i> | h-cortisone- iodoquinol hydrocortisone <i>HALOG</i> h-cortisone- iodoquinol hydrocortisone <i>HYTONE</i> <i>KENALOG</i> keratol <i>LIDAMANTLE HC</i> lidazone <i>LIDEX</i> lidocaine-hc <i>LOCOID</i> <i>LOKARA</i> <i>LUXIQ</i> | mometasone MOMEXIN NOVACORT NUCORT <i>NUZON</i> <i>OLUX-E</i> <i>PANDEL</i> <i>PERANEX</i> <i>PRAMOSONE</i> prednicarbate <i>PSORCON, E</i> <i>SCALACORT</i> <i>SYNALAR</i> <i>TEMOVATE</i> <i>TEXACORT</i> <i>TOPICORT</i> triamcinolone | Step 2- Brand Topical Immunomodulators: ELIDEL PROTOPIC |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|--------------|--|--|--|---------------|
| | | CORDRAN LOTION, CREAM CORDRAN OINTMENT, TAPE cormax CUTIVATE del-beta DERMA-SMOOTHIE dermazene DERMATOP DESONATE desonide DESOWEN desoximetasone diflorasone DIPROLENE DIPROSONE ELOCON embeline EPIFOAM FIRST HYDROCORT fluocinolone fluocinonide fluticasone halobetasol h-cortisone-iodoquinol | triderm U-CORT ULTRAVATE VANOS VANOXIDE VERDESO VYTONE WESTCORT XYRALID ZYTOPIC | |
| Dermatologic | PSORIASIS | Topical corticosteroids such as: clobetasol fluticasone fluocinonide triamcinolone | DRITHOCREME HP DOVONEX SORILUX TACLONEX VECTICAL ZITHRANOL ZITHRANOL RR | N/A |
| Diabetes | BIGUANIDES | Generic: metformin ER | FORTAMET GLUMETZA (will be excluded 1/1/16) | N/A |
| Diabetes | OTHER ANTIDIABETIC AGENTS *Members must have tried a 1st step drug within the past 180 days to receive a 2 nd step drug. | METFORMIN & METFORMIN COMBOS Generics: metformin, metformin ER metformin/glipizide metformin/glyburide JANUVIA JANUMET TRADJENTA JENTADUETO | CYCLOSET | N/A |
| Diabetes | DIPEPTIDYL PEPTIDASE-4 (DPP-IV) INHIBITORS & OTHER ANTIDIABETIC AGENTS | JANUVIA JUVISYNC JANUMET TRADJENTA JENTADUETO | DPP4: ONGLYZA NESINA OTHER: KOMBIGLYZE XR OSENI KAZANO | N/A |
| Diabetes | GLP-1 AGONISTS | Generics: metformin, metformin ER metformin/glipizide metformin/glyburide chlorpropamide glimepiride glipizide glyburide tolazamide tolbutamide pioglitazone pioglitazone/glimepiride pioglitazone/metformin | TRULICITY VICTOZA | TANZEUM |
| Diabetes | THIAZOLIDINEDIONE (TZDS) & combinations | Generics: metformin, metformin ER metformin/glipizide metformin/glyburide chlorpropamide glimepiride glipizide glyburide tolazamide tolbutamide pioglitazon | TZDS : ACTOPLUS MET/XR ACTOS AVANDAMET AVANDARYL AVANDIA DUETACT | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|------------------|---|---|---|-----------------------------------|
| Diabetes | OTHER DIABETIC AGENTS II *Members must have tried a 1st step drug within the past 365 days to receive a 2 nd step drug. | Generics: metformin, metformin er metformin/glipizide metformin/glyburide glimepiride glipizide glyburide tolazamide tolbutamide pioglitazone pioglitazone/glimepiride pioglitazone/metformin | INVOKANA INVOKAMET | JARDIANCE XIGDUO XR FARXIGA |
| Glaucoma | GLAUCOMA COMBINATIONS | Generic: dorzolamide/timolol | COSOPT P/F | N/A |
| Glaucoma | GLAUCOMA AGENT *Members must have tried two 1st step drugs within the past 365 days to receive a 2 nd step drug. | latanoprost bimatoprost AND LUMIGAN or TRAVATAN Z | ZIOPTAN RESCULA | N/A |
| Glaucoma | BETA-BLOCKER | Generic: Timolol | TIMOPTIC OCUDOSE | N/A |
| Gastrointestinal | ANTIDIARRHEAL-HIV Treatment associated | Generics: abacavir didanosine lamivudine lamivudine/zidovudine nevirapine stavudine zidovudine Brands: ATRIPLA APTIVUS COMBIVIR COMPLERA CRIXIVAN EDURANT EMTRIVA EPIVIR EPZICOM FUZEON INTELENCE INVIRASE ISENTRESS KALETRA LEXIVA NORVIR PREZISTA RESCRIPTOR RETROVIR REYATAZ SELZENTRY STRIBILD SUSTIVA TRIZIVIR TRUVADA VIDEX/EC VIRACEPT VIRAMUNE/XR VIREAD ZERIT ZIAGEN | FULYZAQ | N/A |
| Gastrointestinal | ULCERATIVE COLITIS | balsalazide APRISO | ASACOL HD DELZICOL DIPENTUM GIAZO LIALDA PENTASA | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|---------------------|--|---|--|---|
| Gastrointestinal | ULCERATIVE COLITIS | mesalamine enema balsalazide | UCERIS | N/A |
| Hematologic | Direct thrombin inhibitors *Members must have tried two 1st step drugs within the past 365 days to receive a 2 nd step drug. | ELIQUIS and XARELTO | PRADAXA | N/A |
| Antivirals | Hepatitis | Generic: ribavirin 200mg ribavirin 400mg, 600mg Riba-Pak 200MG-400MG ,400-400mg, 400-600mg, 600-600mg | Generics: MODERIBA 200-400 DOSE PAK | N/A |
| High Blood Pressure | ACE-INHIBITORS | Generics: benazepril captopril enalapril fosinopril lisinopril moexipril perindopril quinapril ramipril trandolapril Generic combinations: benazepril/amlodipine benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz moexipril/hctz quinapril/hctz | Brands: ACCUPRIL ACEON ALTACE CAPOTEN LOTENSIN MAVIK MONOPRIL PRINIVIL UNIVASC VASOTEC ZESTRIL Brand combinations: ACCURETIC CAPOZIDE LEXCEL LOTENSIN HCT LOTREL MONOPRIL HCT PRINZIDE QUINARETIC TARKA UNIRETIC VASERETIC ZESTORETIC | N/A |
| High Blood Pressure | ACE INHIBITORS Step therapy only required if patient age is ≥ 12 years. | Generic: enalapril tablets | EPANED | N/A |
| High Blood Pressure | ANGIOTENSIN-2 RECEPTOR BLOCKERS (ARBS) | Step 1- ACE Inhibitors: Must try a generic ACE inhibitor first -OR- losartan +/- hctz valsartan hctz irbesartan +/- hctz | Step 2- ARBS: Preferred Brands: BENICAR DIOVAN Preferred Brand Combinations: AZOR BENICAR HCT EXFORGE, HCT | Step 3- ARBS: Non-Preferred Brands: ATACAND AVAPRO COZAAR EDARBI MICARDIS TEVETEN Non-Preferred Brand Combinations: ATACAND HCT AVALIDE DIOVAN HCT HYZAAR MICARDIS HCT TEVETEN HCT TWINSTA |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|---------------------------|--|--|---|---------------|
| High Blood Pressure | BETA BLOCKER II | propranolol oral solution | HEMANGEOL | N/A |
| High Blood Pressure cont. | BETA BLOCKER III | propranolol LA | INDERAL XL INNOPRAN XL | N/A |
| High Blood Pressure cont. | CALCIUM CHANNEL BLOCKER | Generics: verapamil er verapamil ir verapamil sr | Brands: <i>CALAN</i> <i>CALAN SR</i> <i>COVERA-HS</i> <i>ISOPTIN SR</i> <i>VERELAN, PM</i> | N/A |
| High Blood Pressure cont. | CALCIUM CHANNEL BLOCKERS | Generics: amlodipine amlodipine/benazepril felodipine isradipine nicardipine ir nifedipine nisoldipine | Brands: <i>ADALAT CC</i> <i>CARDENE, SR</i> DYNACIRC CR <i>NORVASC</i> <i>PLENDIL, ER</i> <i>PROCARDIA, XL</i> <i>SULAR</i> | N/A |
| High Blood Pressure cont. | CALCIUM CHANNEL BLOCKERS | Generics: Must try a generic ACE, ACE combination product, ARB or ARB combination product first | EDARBYCLOR TRIBENZOR | N/A |
| Gout | COLCHICINE | Generic colchicine | MITIGARE | N/A |
| High cholesterol | HMG-COA REDUCTASE INHIBITORS(HMG) I Requires a trial of two 1 st step drugs within the past 365 days | 2 of the following: atorvastatin lovastatin pravastatin simvastatin | CRESTOR 5mg | N/A |
| High cholesterol | HMG-COA REDUCTASE INHIBITORS(HMG) II | Generics: atorvastatin 40mg or 80mg | CRESTOR 10, 20, 40mg | N/A |
| High Cholesterol | HMG-COA REDUCTASE INHIBITORS(HMG) III | Generics: Requires a trial of any two generics below. atorvastatin lovastatin pravastatin simvastatin | ALTOPREV LESCOL, XL LIVALO * Members must have been on the 2 nd step drug or tried two generics within the past 365 days or a Prior Authorization will be required. | N/A |
| High Cholesterol | HMG-COA REDUCTASE INHIBITORS(HMG) II | Generics: fenofibrate | Brands: <i>FIBRICOR</i> <i>FENOFIBRIC ACID</i> <i>FENOGLIDE</i> <i>LIPOFEN</i> <i>LOFIBRA</i> <i>TRICOR</i> <i>TRIGLIDE</i> TRILIPIX | N/A |
| High Cholesterol | FIBRIC ACID DERIVATIVES | Generics: gemfibrozil fenofibrate | ANTARA | N/A |
| High Cholesterol cont. | FIBRIC ACID DERIVATIVES | Generics: atorvastatin fenofibrate gemfibrozil lovastatin pravastatin simvastatin | NIASPAN | N/A |

| Condition | Drug Category | 1st Step Drug | 2nd Step Drug | 3rd Step Drug |
|------------------------|---|--|--|---------------|
| High Cholesterol cont. | NIACIN *Members must have tried a 1st step drug within the past 365 days to receive a 2 nd step drug. | Generics: Requires a trial of any two generics below. atorvastatin lovastatin pravastatin simvastatin | ADVICOR * Members must have been on Advicor or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | N/A |
| High Cholesterol cont. | ANTIHYPERLIPIDEMI COMBINATION | Generics: Requires a trial of any two generics below. atorvastatin lovastatin pravastatin simvastatin | VYTORIN 10/10 * Members must have been on Vytorin 10/10 or tried two generics within the past 365 days or a Prior Authorization will be required for a 2 nd step drug. | N/A |
| High Cholesterol | ANTIHYPERLIPIDEMI COMBINATION | Generic: atorvastatin 40mg or 80mg | VYTORIN 10/20, 10/40 | N/A |
| Menopause | MENOPAUSE THERAPY | Generics: paroxetine venlafaxine | BRISDELLE | 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 | N/A |
| Parkinson's Disease | ANTIPARKINSON AGENTS | Generic: entacapone | TASMAR | N/A |
| Parkinson's Disease | ANTIPARKINSON AGENTS | Generic: ropinirole pramipexole | Brand: MIRAPEX MIRAPEX ER NEUPRO REQUIP, XL | N/A |
| Plaque Psoriasis | TOPICAL CORTICOSTEROIDS | Generic: betamethasone desoximetasone dipropionate fluocinonide mometasone | TOPICORT SPRAY | N/A |
| Plaque Psoriasis | TOPICAL CORTICOSTEROIDS | Generic: methotrexate tablet or solution for injection | OTREXUP | N/A |
| Restless Legs, | IMMUNOLOGIC | Generic: gabapentin pramipexole ropinirole IR | HORIZANT | N/A |
| Postherpetic Neuralgia | GAMMA AMINOBUTYRIC ACID | Generic: gabapentin IR | GRALISE | N/A |
| Postherpetic Neuralgia | GAMMA AMINOBUTYRIC ACID | Generic: gabapentin NEURONTIN | LYRICA | N/A |

