

## 2015 Step Therapy Drug List - Preferred Version

Please Note: Drugs highlighted in **RED** will be excluded from NPF in 2015.

Step Therapy Program	Package List	Category	Second Line (Targeted)	First Line (Alternative)
<b>ARB</b>	Advantage	Preferred	Atacand/Atacand HCT, Avalide, Avapro, Cozaar, <b>Edarbi, Edarbyclor</b> , Hyzaar, Micardis/Micardis HCT, <b>Teveten, Teveten HCT</b> , Twynsta, Diovan/Diovan HCT, Exforge/Exforge HCT	candesartan, candesartan/HCTZ, eprosartan mg, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, telmisartan, telmisartan/amlodipine, valsartan/HCTZ, Benicar, Benicar HCT, Azor, and Tribenzor
<b>Avodart</b>	Advantage	Generic	Avodart, Proscar, Jalyn	finasteride
<b>Bisphosphonates</b>	Advantage	Enhanced	Fosamax tablets, Fosamax oral solution, Fosamax Plus D, Boniva, Binosto, Actonel, Actonel Plus Calcium	Step-One: alendronate, ibandronate, risedronate Step-Two: Atelvia
<b>COX-2 Inhibitors</b>	Limited	Generic	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol
<b>Fenofibrate</b>	Advantage	Generic	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fibricor, Fenofibrate Capsules (50 mg & 150 mg)	fenofibrate, fenofibric acid
<b>HMG</b>	Advantage	Preferred	Altoprev, Caduet, Lescol/Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	Atorvastatin, atorvastatin/amlodipine, fluvastatin, lovastatin, pravastatin, simvastatin, Crestor, Liptruzet, Vytorin
<b>Hypnotics</b>	Limited	Generic	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor, Zolpimist, Intermezzo	zolpidem/CR, zaleplon, eszopiclone
<b>Inhaled Corticosteroids</b>	Advantage	Preferred	<b>Alvesco, Arnuity Ellipta, Flovent Diskus/HFA</b>	Asmanex, Pulmicort Flexhaler, Qvar
<b>Metformin</b>	Advantage	Generic	Glucophage XR, Glucophage, Fortamet, Riomet, Glumetza	metformin, metformin extended-release
<b>Methotrexate</b>	Advantage	Generic	Otrexup	Step-One: Generic methotrexate injection Step-Two: Rasuvo
<b>Nasal Steroid</b>	Limited	Preferred	<b>Beconase AQ</b> , Dymista, Flonase, Nasacort AQ, <b>Omnaris</b> , Rhinocort Aqua, <b>Veramyst, Zetonna</b>	flunisolide, fluticasone, triamcinolone, Nasonex, Qnasl, budesonide, Nasacort Allergy (OTC)

<b>NSAID</b>	Limited	Generic	Ansaid , Arthrotec, Cambia, Cataflam, Clinoril, Daypro, Feldene, Flector Patch, IC 400 Kit, IC 800 Kit, Indocin, Mobic, Motrin, Nalfon, Naprelan, Naprosyn, EC-Naprosyn, Pennsaid (1.5% and 2%), Ponstel, Sprix, Tivorbex, Voltaren XR, Voltaren Gel, Zipsor, Zorvolex, <b>Vimovo, Duexis</b>	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol
<b>Ophthalmic Antiallergy</b>	Limited	Generic	Rule 1: Alrex, Bepreve, Elestat, Emadine, Lastacaft, Optivar, Pataday, Patanol  Rule 2: Alocril, Alomide, Alamast	Rule 1: azelastine, epinastine, bepotastine, emadastine, alcaftadine, olopatadine, loteprednol, ketotifen  Rule 2: cromolyn, nedocromil, lodoxamide, pemirolast
<b>Overactive Bladder</b>	Advantage	Preferred	Sanctura, Sanctura XR, Ditropan, Ditropan XL, Oxytrol (Rx), Oxytrol for Women (OTC), Detrol, Detrol LA, Enablex	oxybutynin IR, oxybutynin XL, trospium, tolterodine, tolterodine ER, Gelnique, Toviaz, Vesicare, trospium XR, Myrbetriq
<b>Proton Pump Inhibitors</b>	Limited	Preferred	Aciphex, Aciphex Sprinkle, Dexilant (formerly Kapidex), esomeprazole strontium, Prevacid, Prevacid SoluTab, Prilosec, Protonix, Zegerid	rabeprazole delayed-release tablets, omeprazole (Rx or OTC), lansoprazole (capsules and orally disintegrating tablets), pantoprazole, omeprazole/sodium bicarbonate, Nexium, Nexium 24HR OTC, Prilosec OTC, Prevacid 24HR, Zegerid OTC
<b>SGLT-2 Inhibitors</b>	Advantage	Generic	Invokana, Farxiga, Jardiance, Invokamet, Xigduo XR	<u>Metformin &amp; metformin extended release</u> Brand names: Fortamet, Fortamet ER, Glucophage, Glucophage XR, Glumetza ER (single-source brand), Riomet solution (single-source brand) <u>Metformin-containing products (when generics are available, specified in parenthesis)</u> Glucovance (glyburide-metformin) (glipizide-metformin), ActoplusMet (pioglitazone-metformin), Actoplus Met XR, Avandamet, Prandimet, <b>Kazano, Jentadueto</b> , Kombiglyze XR, Janumet, Janumet XR

<b>SGLT2/DPP-4 Combo</b>	Advantage	Generic	Glyxambi	metformin, metformin extended-release, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Glucovance, metformin/glyburide, Avandamet, metformin/glipizide, Actoplus Met, pioglitazone/metformin, Actoplus Met XR, Janumet, Janumet XR, Prandimet, Kombiglyze XR, Jentadueto, Kazano, Xigduo XR, Invokamet
<b>Tetracycline - oral</b>	Limited	Generic	Acticlate, Adoxa, Alodox Convenience Kit, Avidoxy Kit, Doryx, Dynacin, Minocin, Minocin Kit, Monodox, Morgidox Kit, Oracea, Periostat, Solodyn, Vibramycin, Doxycycline 40 mg capsules (brand product)	generic demeclocycline, doxycycline, minocycline, and tetracycline solid dosage forms (e.g., capsules, tablets), generic Avidoxy, generic Oraxyl, generic Ocudox and generic Morgidox
<b>Thiazolidinediones (TZD)</b>	Advantage	Generic	Actos, Avandia, Actoplus Met, Actoplus Met XR, Avandamet, Duetact, Avandaryl	metformin, metformin extended-release, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Glucovance, metformin/glyburide, Metaglip, metformin/glipizide, Janumet, Janumet XR, Jentadueto, Prandimet, Kombiglyze XR, pioglitazone/metformin, pioglitazone, pioglitazone/glimeperide, Kazano, Invokamet
<b>Topical Acne</b>	Limited	Generic	Rule 1: Brand topical BPO, antibiotic, etc containing products Rule 2: Brand topical cleansers Rule 3: Brand topical kits  Rule 4: Finacea, Finacea Plus Kit, MetroCream, MetroGel, MetroLotion, Noritate Cream, Rosadan Cream Kit, Rosadan Gel Kit, Soolantra	Rule 1: Generic topical BPO, antibiotic, etc containing products Rule 2: Generic topical cleansers Rule 3: One med from rule 1 AND one med from rule 2 Rule 4: Metronidazole cream 0.75%, Metronidazole gel 0.75% and 1%, Metronidazole lotion 0.75% Rosadan cream, Rosadan gel

<b>Topical Corticosteroids</b>	Limited	Generic	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaderm/TA, Triderm, Scalacort, Samol-HC, Pramosome, Pramosome E, Desonil/kit, Aqua Glycolic HC	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone, pramoxine
<b>Topical Immunomodulators</b>	Limited	Generic	Elidel, Protopic	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone buteprate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clocortolone, flurandrenolide, halocinonide, prednicarbate

\*\*\*Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.\*\*\*