

2012 Step Therapy Criteria

UPMC for Life

UPMC for Life Specialty Plan

UPMC for Life Options

UPMC for You Advantage

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ANGIOTENSIN II RECEPTOR BLOCKERS

Affected Drugs

AVALIDE®

AVAPRO®

BENICAR HCT®

BENICAR®

DIOVAN HCT®

DIOVAN®

EXFORGE HCT®

EXFORGE®

losartan

losartan /hctz

MICARDIS HCT®

MICARDIS®

TWYNSTA®

You are required to have previous therapy with a formulary angiotensin II receptor blocker such as losartan, losartan/hydrochlorothiazide, Diovan, Diovan HCT, Micardis, Micardis HCT, Exforge, or Twynsta before we will cover Avapro, Avalide, Benicar, or Benicar HCT.

ANGIOTENSIN II RECEPTOR BLOCKERS_1

Affected Drugs

AVALIDE®

AVAPRO®

BENICAR HCT®

BENICAR®

DIOVAN HCT®

DIOVAN®

EDARBI®

EDARBYCLOR®

EXFORGE HCT®

EXFORGE®

losartan

losartan /hctz

MICARDIS HCT®

MICARDIS®

TWYNSTA®

You are required to have previous therapy with a formulary angiotensin II receptor blocker such as losartan, losartan/hydrochlorothiazide, Diovan, Diovan HCT, Micardis, Micardis HCT, Exforge, or Twynsta before we will cover Avapro, Avalide, Benicar, Benicar HCT, Edarbi, or Edarbyclor.

ANTIEMETICS

Affected Drugs

ANZEMET®

granisetron

ondansetron

You are required to have previous therapy with oral ondansetron (Zofran) before we will cover granisetron, granisol, or Anzemet.

BETA AGONIST INHALERS

Affected Drugs

PROAIR HFA®

PROVENTIL HFA®

VENTOLIN HFA®

XOPENEX HFA®

You are required to have previous therapy with Ventolin HFA before we will cover ProAir HFA, Proventil HFA, or Xopenex HFA.

BETASERON

Affected Drugs

AVONEX ADMINISTRATION PACK®

AVONEX®

BETASERON®

COPAXONE®

REBIF®

You are required to have previous therapy with Avonex, Rebif, or Copaxone before we will cover Betaseron.

BISPHOSPHONATES

Affected Drugs

ACTONEL®

alendronate

ATELVIA®

BONIVA®

RECLAST®

You are required to have previous therapy with alendronate (Fosamax) before we will cover Actonel, Boniva, Atelvia, or Reclast.

CYMBALTA

Affected Drugs

acarbose

ACTOPLUS MET XR®

ACTOPLUS MET®

ACTOS®

amitriptyline

APIDRA SOLOSTAR®

APIDRA®

AVANDAMET®

AVANDARYL®

AVANDIA®

BYETTA®

carisoprodol

carisoprodol/aspirin

CELEBREX®

chlorpropamide

chlorzoxazone

citalopram

clomipramine

codeine/carisoprodol/aspirin

cyclobenzaprine

CYMBALTA®

diclofenac potassium

diclofenac sodium

doxepin

DUETACT®

etodolac

fenoprofen

fluoxetine

flurbiprofen

fluvoxamine

gabapentin

glimepiride

glipizide

glipizide/metformin hcl

glyburide

glyburide/metformin hcl

GLYCRON®

GLYSET®
HUMALOG MIX 50-50®
HUMALOG MIX 75-25®
HUMALOG®
HUMULIN 70-30®
HUMULIN N®
HUMULIN R®
ibuprofen
imipramine hcl
imipramine pamoate
indomethacin
JANUMET XR®
JANUMET®
JANUVIA®
JENTADUETO®
JUVISYNC®
ketoprofen
ketorolac
KOMBIGLYZE XR®
LANTUS SOLOSTAR®
LANTUS®
LEVEMIR®
LEXAPRO®
meclufenamate
meloxicam
metformin
methocarbamol
nabumetone
naproxen
naproxen sodium
nateglinide
NOVOLIN 70-30®
NOVOLIN N®
NOVOLIN R®
NOVOLOG MIX 70-30®
NOVOLOG®
ONGLYZA®
orphenadrine
orphenadrine/aspirin/caffeine
oxaprozin

paroxetine
piroxicam
PRANDIN®
RILUTEK®
RIOMET®
sertraline
sulindac
SURMONTIL®
SYMLIN®
SYMLINPEN 120®
SYMLINPEN 60®
tolazamide
tolbutamide
tolmetin
TRADJENTA®

When Cymbalta is being used to treat depression, you are required to have previous therapy with a selective serotonin reuptake inhibitor (SSRI) such as sertraline (e.g. Zoloft) or paroxetine (e.g. Paxil) before we will cover Cymbalta. When Cymbalta is being used to treat diabetic neuropathy, we will cover Cymbalta if you are currently taking medications used to treat diabetes. When Cymbalta is being used to treat fibromyalgia, you are required to have previous therapy with gabapentin and either a tricyclic antidepressant or a muscle relaxant before we will cover Cymbalta. When Cymbalta is used for chronic low back pain and chronic pain due to osteoarthritis, you are required to have previous therapy with 1 non-steroidal anti-inflammatory drug (NSAID) or Celebrex.

DIFICID

Affected Drugs

DIFICID®

metronidazole

VANCOCIN HCL®

vancomycin

You are required to have previous therapy with oral or intravenous vancomycin or oral metronidazole before we will cover Dificid.

EFFEXOR XR

Affected Drugs

citalopram

fluoxetine

fluvoxamine

LEXAPRO®

paroxetine

sertraline

venlafaxine

You are required to have previous therapy with a selective serotonin reuptake inhibitor (SSRI) such as sertraline (e.g. Zoloft) or paroxetine (e.g. Paxil) before we will cover Effexor XR.

FORTEO

Affected Drugs

ACTONEL®

alendronate

BONIVA®

EVISTA®

FORTEO®

You are required to have previous therapy with a bisphosphonate (e.g. alendronate) or Evista before we will cover Forteo.

INTRANASAL CORTICOSTEROIDS

Affected Drugs

flunisolide

fluticasone propionate

NASONEX®

You are required to have previous therapy with fluticasone or flunisolide before we will cover Nasonex.

LAMICTAL ODT

Affected Drugs

LAMICTAL ODT®

lamotrigine

You are required to have previous therapy with generic lamotrigine before we will cover Lamictal ODT.

PRISTIQ

Affected Drugs

citalopram

fluoxetine

fluvoxamine

LEXAPRO®

paroxetine

PRISTIQ ER®

sertraline

You are required to have previous therapy with a selective serotonin reuptake inhibitor (SSRI) such as sertraline (e.g. Zoloft) or paroxetine (e.g. Paxil) before we will cover Pristiq.

PROTON PUMP INHIBITORS

Affected Drugs

DEXILANT®

lansoprazole

omeprazole

pantoprazole

You are required to have previous therapy with prescription omeprazole, lansoprazole, lansoprazole disintegrating tablet, or pantoprazole before we will cover Dexilant.

SANCUSO

Affected Drugs

ondansetron

SANCUSO®

You are required to have previous therapy with oral ondansetron (generic Zofran) before we will cover Sancuso.

SIMCOR

Affected Drugs

atorvastatin calcium

lovastatin

NIASPAN®

pravastatin

SIMCOR®

simvastatin

VYTORIN®

You are required to have previous therapy with a HMG Co-A reductase inhibitor (such as simvastatin, pravastatin, lovastatin) or a prescription niacin before we will cover Simcor.

SYMLIN

Affected Drugs

APIDRA SOLOSTAR®
APIDRA®
HUMALOG MIX 50-50®
HUMALOG MIX 75-25®
HUMALOG®
HUMULIN 70-30®
HUMULIN N®
HUMULIN R®
LANTUS SOLOSTAR®
LANTUS®
LEVEMIR®
NOVOLIN 70-30®
NOVOLIN N®
NOVOLIN R®
NOVOLOG MIX 70-30®
NOVOLOG®
SYMLIN®
SYMLINPEN 120®
SYMLINPEN 60®

You are required to have previous therapy with insulin before we will cover Symlin.

TEKTURNA

Affected Drugs

AMTURNIDE®

AVALIDE®

AVAPRO®

benazepril

benazepril/amlodipine besylate

benazepril/hctz

BENICAR HCT®

BENICAR®

captopril

DIOVAN HCT®

DIOVAN®

EDARBI®

EDARBYCLOR®

enalapril

enalapril maleate/hctz

EXFORGE HCT®

EXFORGE®

fosinopril

fosinopril/hctz

lisinopril

lisinopril/hctz

losartan

losartan /hctz

MICARDIS HCT®

MICARDIS®

moexipril

moexipril/hctz

perindopril erbumine

quinapril

quinapril/hctz

TEKAMLO®

TEKTURNA HCT®

TEKTURNA®

trandolapril

TWYNSTA®

VALTURNA®

You are required to have previous therapy with an angiotensin-converting enzyme (ACE) inhibitor (e.g. lisinopril), or an ACE inhibitor combination product (e.g. lisinopril-HCTZ), or an angiotensin II Receptor Blocker (ARB)(e.g. Diovan), or an ARB combination product (e.g. Diovan-HCT) before we will cover Tekturna, Tekturna HCT, Valturna, Tekamlo, or Amturnide.

TRAVATAN Z

Affected Drugs

latanoprost

TRAVATAN Z®

You are required to have previous therapy with latanoprost (Xalatan) before we will cover Travatan Z.

ULORIC

Affected Drugs

allopurinol

ULORIC®

You are required to have previous therapy with allopurinol before we will cover Uloric.

VYTORIN

Affected Drugs

atorvastatin calcium

lovastatin

pravastatin

SIMCOR®

simvastatin

VYTORIN®

You are required to have previous therapy with a statin (e.g. simvastatin or pravastatin) before we will cover Vytorin.

XOPENEX NEBULIZER SOLUTION

Affected Drugs

albuterol

albuterol sulfate/ipratropium

levalbuterol

XOPENEX®

You are required to have previous therapy with a generic beta-agonist (i.e. albuterol solution) before we will cover Xopenex solution.

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