

Member and Physican Guide to Step Therapy

Step therapy programs are designed to encourage the use of medications that are clinically proven and cost effective relative to other similar medications. If your physican feels you need a medication subject to step therapy, but you have not satisfied the step therapy criteria listed here, your physican can submit clinical documentation requesting coverage. Each request will be individually reviewed by the UPMC for Life clinical pharmacists and medical directors to determine coverage.

Drugs Subject to Step Therapy

Description of Step Therapy Program

Allergy Medications

Singulair

You are required to have previous therapy with both a steroid nasal inhaler (e.g. fluticasone) and a non-sedating antihistamine (e.g. loratadine OTC) before we will cover Singulair.

Antidepressant Medications

Cymbalta

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. We will also cover Cymbalta for diabetic neuropathy when you have previously tried a medication used to treat diabetes.

Effexor XR

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.

Pristiq

Pending CMS Approval

Venlafaxine ER tablet

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 Venlafaxine ER tablets.

Antinausea Medications

Granisetron and Anzemet

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

Sancuso

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

Asthma and Allergy Medications

Nasonex

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

Drugs Subject to Step Therapy

Description of Step Therapy Program

Asthma Medications

Singular

You are required to have previous therapy with a beta agonist (e.g. albuterol), or an inhaled corticosteroid (e.g. fluticasone), or a combination product (e.g. Symbicort) before we will cover Singular.

Cardiovascular Medications

Tekturna and Tekturna HCT

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

Cholesterol Medications

Simcor

You are required to have previous therapy with simvastatin or a prescription niacin before we will cover Simcor.

Vytorin

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

Diabetic Medications

Byetta

You are required to have previous therapy with metformin, a sulfonylurea (e.g. glyburide), or a thiazolidinedione (e.g. Actos or Avandia) before we will cover Byetta.

Symlin

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

Hypnotic Medications

Lunesta

You are required to have previous therapy with zolpidem or zaleplon before we will cover Lunesta.

Multiple Sclerosis Medications

Betaseron

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

Neurological Medications

Cymbalta

Pending CMS Approval

Osteoporosis Medications

Drugs Subject to Step Therapy**Description of Step Therapy Program**

Osteoporosis Medications

Actonel, Actonel with Calcium,
Boniva

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

Proton Pump Inhibitors

Protonix, Kapidex

You are required to have previous therapy with omeprazole or omeprazole OTC before we will cover a branded proton pump inhibitor (Protonix or Kapidex).