

*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 physician feels you need a medication subject to step therapy, but you have not satisfied the step therapy criteria listed here, your physician 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.*

Step Therapy Group Name	Specific Drugs Affected by this Step Therapy
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**Antiemetics**

**Anzemet, granisetron**

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

**Betaseron**

**Betaseron and Extavia**

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

**Bisphosphonates**

**Actonel, Actonel w Calcium, Boniva**

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

**Cymbalta**

**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.

**Cymbalta (Fibromyalgia)**

**Cymbalta**

You are required to have previous therapy with gabapentin and either a tricyclic antidepressant or a muscle relaxant before we will cover Cymbalta for fibromyalgia, or you are required to have previous therapy with a diabetic medication before we will cover Cymbalta for diabetic neuropathy.

**Effexor XR**

**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.

**Intranasal Corticosteroids**

**Nasonex**

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

**Lunesta**

**Lunesta**

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

**Pristiq 2010**

**Pristiq**

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. Please note Pristiq 100mg is not be subject to step therapy.

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<p><b>Proton Pump Inhibitors 2010</b></p> <p>You are required to have previous therapy with omeprazole or omeprazole OTC before we will cover other formulary proton pump inhibitors (Protonix, Kapidex, Lansoprazole).</p>	<p><b>Kapidex, lansoprazole, Protonix</b></p>
<p><b>Sancuso</b></p> <p>You are required to have previous therapy with oral ondansetron (generic Zofran) before we will cover Sancuso.</p>	<p><b>Sancuso</b></p>
<p><b>Saphris</b></p> <p>You are required to have previous therapy with one atypical antipsychotic before we will cover Saphris.</p>	<p><b>Saphris</b></p>
<p><b>Simcor</b></p> <p>You are required to have previous therapy with simvastatin or a prescription niacin before we will cover Simcor.</p>	<p><b>Simcor</b></p>
<p><b>Singulair</b></p> <p>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 Singulair.</p>	<p><b>Singulair</b></p>
<p><b>Singulair (Allergic Rhinitis)</b></p> <p>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.</p>	<p><b>Singulair</b></p>
<p><b>Symlin 2010</b></p> <p>You are required to have previous therapy with insulin before we will cover Symlin.</p>	<p><b>Symlin</b></p>
<p><b>Tekturna</b></p> <p>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, Tekturna HCT or Valturna.</p>	<p><b>Tekturna, Tekturna HCT, Valturna</b></p>
<p><b>Venlafaxine ER</b></p> <p>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.</p>	<p><b>Venlafaxine ER</b></p>
<p><b>Vytorin</b></p> <p>You are required to have previous therapy with a statin (e.g. simvastatin or pravastatin) before we will cover Vytorin.</p>	<p><b>Vytorin</b></p>