

## **Step Therapy Criteria**

### **Step Therapy Group**

### **Drug Names**

### **Step Therapy Criteria**

METROPLUS 2012 ATYPICAL ANTIPSYCHOTICS

FANAPT, FANAPT TITRATION PACK, INVEGA, INVEGA SUSTENNA, SAPHRIS

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: Abilify, Abilify Discmelt, clozapine, Fazaclo, Geodon, Risperdal Consta, risperidone, risperidone ODT, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydis. Step 2 drugs: Invega, Invega Sustena, Fanapt, Fanapt titration pack, Saphris.

### **Step Therapy Group**

### **Drug Names**

### **Step Therapy Criteria**

METROPLUS 2012 BISPHOSPHONATES (GENERIC FIRST)

ACTONEL, BONIVA, FOSAMAX

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: alendronate. Step 2 drugs: Actonel, Actonel with Calcium, Boniva, Fosamax

### **Step Therapy Group**

### **Drug Names**

### **Step Therapy Criteria**

METROPLUS 2012 COMBIGAN (GENERIC FIRST)

COMBIGAN

Patient needs to have a paid claim for two of the following generic Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: brimonidine, carteolol, dorzolamide/timolol. levobunolol, metipranolol, timolol. Step 2 drugs: Combigan.

### **Step Therapy Group**

### **Drug Names**

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METROPLUS 2012 GU ANTISPASMODICS

DETROL, DETROL LA, OXYTROL, SANCTURA XR, VESICARE

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: oxybutynin chloride, oxybutynin chloride ER. Step 2 drugs: Detrol, Detrol LA, Oxytrol, Sanctura XR, Vesicare.

### **Step Therapy Group**

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METROPLUS 2012 LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR, ZAFIRLUKAST, ZYFLO CR

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: Asmanex, Flovent, Advair, Foradil, Symbicort, Serevent, albuterol, metaproterenol, terbutaline, theophylline. Step 2 drugs: Singulair, zafirlukast, Zyflo CR.

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METROPLUS 2012 MEPRON

MEPRON

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: sulfamethoxazole/trimethoprim. Step 2 drugs: Mepron.

### **Step Therapy Group**

### **Drug Names**

METROPLUS 2012 NON SEDATING ANTIHISTAMINES

ALLEGRA, FEXOFENADINE HCL

**Step Therapy Criteria**

OTCs: "ALAVERT ALLERGY/SINUS", "LORATADINE", "CHILDRENS LORATADINE", "CETIRIZINE HCL", "CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER", "LORATADINE-D 24HR", "CETIRIZINE HCL CHILDRENS", "ALAVERT". Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: Any cetirizine OTC, cetirizine/pseudoephedrine OTC, loratadine OTC, loratadine/pseudoephedrine OTC. Step 2 drugs: Allegra suspension, fexofenadine.

**Step Therapy Group**

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METROPLUS 2012 OPHTHALMIC ANTIINFLAMMATORIES, GENERIC FIRST  
NEVANAC

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: diclofenac, flurbiprofen. Step 2 drugs: Nevanac, Xibrom.

**Step Therapy Group**

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METROPLUS 2012 PPI

OMEPRAZOLE, PANTOPRAZOLE SODIUM, PROTONIX

OTCs: "PRILOSEC OTC", "OMEPRAZOLE". Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: omeprazole OTC, Prilosec OTC. Step 2 drugs: omeprazole, pantoprazole, Protonix.

**Step Therapy Group**

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METROPLUS 2012 SEDATIVE HYPNOTICS

ROZEREM

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: generic zolpidem, zaleplon. Step 2 drugs: Rozerem.

**Step Therapy Group**

**Drug Names**

**Step Therapy Criteria**

METROPLUS 2012 STATINS, GENERIC FIRST

CRESTOR, ZETIA

Patient needs to have paid claims for a 30 day supply of two of the following Step 1 drugs (must be generic) within the past 120 days prior to filling a Step 2 drug. Step 1 drugs: lovastatin, pravastatin sodium, simvastatin. Step 2 drugs: Crestor, Zetia.

**Step Therapy Group**

**Drug Names**

METROPLUS 2012 TOPICAL IMMUNOMODULATORS

ELIDEL, PROTOPIC

**Step Therapy Criteria**

Patient needs to have paid claims for any two the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: Ala-cort, Ala-scalp, aclometasone dipropionate, amcinonide, augmented betamethasone dipropionate, beta-val, betamethasone dipropionate, betamethasone valerate, Capex, clobetasol propionate, Clobex, Cloderm, Cordran, Cordran Tape, cortisporin, Cutivate, Derma-Smoothe/FS, Dermotic, Desonate, Desonide, desoximetasone, diflorasone diacetate, fluocinolone acetonide, fluocinonide, fluticasone propionate, halobetasol propionate, Halog, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, Isovate, Kenalog, Locoid, Locoid Lipocream, Lokara, Luxiq, mometasone furoate, Olux, Pandel, prednicarbate, Procto-Pak, Proctocream-HC, Proctosol HC, Proctozone-HC, Taclonex, triamcinolone acetonide, tri-derm, u-cort, Vanos, Verdeso. Step 2 drugs: Elidel.

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METROPLUS 2012 TRIPTANS, GENERIC FIRST

MAXALT, MAXALT-MLT

Patient needs to have a paid claim for one of the following Step 1 drugs prior to filling a Step 2 drug. Step 1 drugs: generic sumatriptan. Step 2 drugs: Maxalt, Maxalt/MLT.

Applies to new starts only