

BCN Advantage HMOSM



Medicare and more

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2010 Step Therapy Criteria

As of March 2010

Step Therapy Drug Category	Affected drug(s)	New step therapy?	Effective date of new step therapy	Change made to step therapy?	Effective date of change	Criteria	Notes
ACTONEL	ACTONEL	No	1/1/10	No	N/A	CLAIMS FOR ACTONEL WILL PROCESS IF CLAIMS FOR 28 DAYS OF GENERIC FOSAMAX ARE PROCESSED IN THE PAST 120 DAYS	
ACTOPLUS MET	ACTOPLUS MET	No	1/1/10	No	N/A	CLAIMS FOR ACTOPLUS MET WILL PROCESS IF CLAIMS FOR 90 DAYS OF ACTOS AND METFORMIN ARE PROCESSED IN THE PAST 180 DAYS	
ADVICOR	ADVICOR	No	1/1/10	No	N/A	CLAIMS FOR ADVICOR WILL PROCESS IF CLAIMS FOR 90 DAYS OF LOVASTATIN AND NIASPAN ARE PROCESSED IN THE PAST 180 DAYS	

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ANGIOTENSIN II RECEPTOR BLOCKERS	ATACAND ATACAND HCT AVALIDE AVAPRO BENICAR BENICAR HCT COZAAR DIOVAN DIOVAN HCT HYZAAR MICARDIS MICARDIS HCT TEVETEN TEVETEN HCT	No	1/1/10	No	N/A	CLAIMS FOR ANGIOTENSIN RECEPTOR BLOCKERS WILL PROCESS IF THE MEMBER HAS ONE CLAIM FOR ANY ACE INHIBITOR WITHIN THE PAST 120 DAYS.	
ANTIDEPRESSANTS	EFFEXOR XR LEXAPRO LUVOX CR PAROXETINE HCL PAXIL CR PEXEVA PROZAC WEEKLY VENLAFAXINE HCL ER	No	1/1/10	No	N/A	FOR NEW STARTS ONLY: CLAIMS FOR BRANDED ANTIDEPRESSANT AGENTS WILL PROCESS IF THERE IS ANY CLAIM FOR AT LEAST ONE GENERIC ANTIDEPRESSANT WITHIN THE LAST 120 DAYS.	

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ANTIHISTAMINES	ALLEGRA-D 12 HOUR ALLEGRA-D 24 HOUR CLARINEX CLARINEX-D 12 HOUR CLARINEX-D 24 HOUR XYZAL	No	1/1/10	No	N/A	CLAIMS FOR PRESCRIPTION ONLY NON-SEDATING ANTIHISTAMINES (AND THEIR COMBINATION PRODUCTS) WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF LORATADINE OR OTC CETIRIZINE HAS PROCESSED IN THE PAST 180 DAYS	
AVANDAMET	AVANDAMET	No	1/1/10	No	N/A	CLAIMS FOR AVANDAMET WILL PROCESS IF CLAIMS FOR 90 DAYS OF AVANDIA AND METFORMIN ARE PROCESSED IN THE PAST 180 DAYS	
AVANDARYL	AVANDARYL	No	1/1/10	No	N/A	CLAIMS FOR AVANDARYL WILL PROCESS IF CLAIMS FOR 90 DAYS OF AVANDIA AND GLIMEPRIDE ARE PROCESSED IN THE PAST 180 DAYS	

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BETA ADRENERGIC BLOCKING AGENTS	BYSTOLIC	No	1/1/10	No	N/A	CLAIMS FOR BYSTOLIC WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF AT LEAST 2 (TWO) GENERIC CARDIOSELECTIVE BETA BLOCKING AGENTS OR COMBINATIONS HAS PROCESSED IN THE PAST 120 DAYS	
BONIVA	BONIVA	No	1/1/10	No	N/A	CLAIMS FOR BONIVA WILL PROCESS IF CLAIMS FOR AT LEAST 28 DAYS OF ACTONEL AND GENERIC FOSAMAX ARE PROCESSED IN THE PAST 120 DAYS	
BRANDED CARDIOVASCULAR AGENTS	AZOR EXFORGE	No	1/1/10	No	N/A	CLAIMS FOR EXFORGE OR AZOR WILL PROCESS IF CLAIMS FOR 90 DAYS OF AN ANGIOTENSIN RECEPTOR BLOCKER AND AMLODIPINE ARE PROCESSED IN THE PAST 180 DAYS	

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CADUET	CADUET	No	1/1/10	No	N/A	CLAIMS FOR CADUET WILL PROCESS IF CLAIMS FOR LIPITOR AND AMLODIPINE OF AT LEAST 90 DAYS IS PROCESSED IN THE PAST 180 DAYS	
COREG CR	COREG CR	No	1/1/10	No	N/A	CLAIMS FOR COREG CR WILL PROCESS IF 30 DAYS OF CLAIMS FOR CARVEDILOL AND TOPROL XL ARE PROCESSED IN THE PAST 120 DAYS	
DIABETIC AGENTS	ACTOS AVANDIA JANUVIA	No	1/1/10	No	N/A	CLAIMS FOR AVANDIA, ACTOS, OR JANUVIA WILL PROCESS IF THE MEMBER HAS PREVIOUS CLAIMS FOR AT LEAST 30 DAYS OF A METFORMIN OR SULFONYLUREA PRODUCT DURING THE PAST 120 DAYS	
DUETACT	DUETACT	No	1/1/10	No	N/A	CLAIMS FOR DUETACT WILL PROCESS IF CLAIMS FOR 90 DAYS OF ACTOS AND GLIMEPRIDE ARE PROCESS THE PAST 180 DAYS	

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EXFORGE HCT	EXFORGE HCT	No	1/1/10	No	N/A	CLAIMS FOR EXFORGE HCT WILL PROCESS IF 30 DAYS OF EXFORGE ARE PROCESSED IN THE PAST 120 DAYS.	
GOUT THERAPY	ULORIC	No	1/1/10	No	N/A	CLAIMS FOR ULORIC WILL APPROVE IF PREVIOUS CLAIMS HAVE BEEN FILLED FOR AT LEAST 30 DAYS OF ALLOPURINOL 300 MG PER DAY IN PREVIOUS 120 DAYS	
HYPNOTICS	AMBIEN CR LUNESTA ROZEREM	No	1/1/10	No	N/A	CLAIMS FOR BRANDED HYPNOTICS WILL PROCESS IF A CLAIM FOR AT LEAST 14 DAYS OF ZOLPIDEN (AMBIEN) HAS BEEN PROCESSED IN THE PAST 120 DAYS	

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INTRANASAL STEROIDS	ALVESCO BECONASE AQ NASACORT AQ NASONEX OMNARIS RHINOCORT AQUA VERAMYST	No	1/1/10	No	N/A	CLAIMS FOR BECONASE AQ, VERAMYST, NASACORT, NASACORT AQ, NASONEX, OMNARIS AND RHINOCORT AQUA WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF FLUNISOLIDE OR FLUTICASONE NASAL SPRAY HAS PROCESSED IN THE PAST 120 DAYS	
INTUNIV	INTUNIV	Yes	4/1/2010	Yes	N/A	CLAIMS FOR INTUNIV WILL PROCESS IF CLAIMS FOR 30 DAYS OF METHYLPHENIDATE AND AMPHETAMINE CONTAINING PRODUCTS ARE PROCESSED IN THE PAST 180 DAYS OR IF GUAFACINE IR OR CLONIDINE IS PROCESSED IN THE PAST 180 DAYS.	
JANUMET	JANUMET	No	1/1/10	No	N/A	CLAIMS FOR JANUMET WILL PROCESS IF CLAIMS FOR 90 DAYS OF JANUVIA AND METFORMIN ARE PROCESSED IN THE PAST 180 DAYS	

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LIPID LOWERING AGENTS	ALTOPREV CRESTOR LIPITOR	No	1/1/10	No	N/A	CLAIMS FOR ALTOPREV, CRESTOR, OR LIPITOR WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF HIGH DOSE GENERIC STATIN HAS PROCESSED IN THE PAST 180 DAYS.	
MIGRAINE THERAPY	AMERGE AXERT MAXALT MAXALT MLT RELPEX ZOMIG ZOMIG ZMT SUMAVEL DOSEPRO	No	1/1/10	No	N/A	CLAIMS FOR BRANDED MIGRAINE THERAPY OF AMERGE, AXERT, MAXALT, FROVA, RELPAX, ZOMIG WILL PROCESS IF PREVIOUS CLAIMS HAVE BEEN FILLED FOR AT LEAST 6 DAYS OF THERAPY WITH SUMATRIPTAN IN THE PAST 120 DAYS	
PRANDIMET	PRANDIMET	No	1/1/10	No	N/A	CLAIMS FOR PRANDIMET WILL PROCESS IF CLAIMS FOR 90 DAYS OF PRANDIN AND METFORMIN ARE PROCESSED IN THE PAST 180 DAYS	

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PRISTIQ	PRISTIQ	No	1/1/10	No	N/A	CLAIMS FOR PRISTIQ WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF AT LEAST ONE GENERIC ANTIDEPRESSANT AND EFFEXOR XR HAVE PROCESSED IN THE PAST 120 DAYS	
PROTON PUMP INHIBITORS	ACIPHEX ZEGERID	No	1/1/10	No	N/A	CLAIMS FOR PRESCRIPTION ONLY PROTON PUMP INHIBITORS WILL PROCESS IF A CLAIM FOR AT LEAST 30 DAYS OF PRILOSEC OTC OR OMEPRAZOLE AND PANTOPRAZOLE HAS PROCESSED IN THE PAST 120 DAYS	
SIMCOR	SIMCOR	No	1/1/10	No	N/A	CLAIMS FOR SIMCOR WILL PROCESS IF A CLAIM FOR AT LEAST 90 DAYS OF GENERIC SIMVASTATIN AND AT LEAST 90 DAYS OF AN EXTENDED RELEASE NIACIN PRODUCT HAVE PROCESSED IN THE PAST 180 DAYS	

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TRILIPIX	TRILIPIX	No	1/1/10	No	N/A	CLAIMS FOR TRILIPIX WILL PROCESS IF CLAIMS FOR 30 DAYS OF FENOFIBRATE AND GENFIBROZIL ARE PROCESS THE PAST 120 DAYS	
VYTORIN	VYTORIN	No	1/1/10	No	N/A	CLAIMS FOR VYTORIN WILL PROCESS IF CLAIMS FOR 90 DAYS OF SIMVASTATIN AND ZETIA ARE PROCESS THE PAST 180 DAYS	

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