**Antidepressant Therapy**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. **Step 1 Drug(s):** Budeprion, Bupropion SR, Citalopram Hbr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine ER, and Sertraline Hcl. **Step 2 Drug(s):** Cymbalta, Effexor XR, Lexapro, Pristiq. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. Grandfathering includes all SSRI/SNRI products as well as second-line drugs listed above. **On-line Pharmacy Message:** "Use generic SSRI/SNRIs first". Override allowed: Yes. Override NCPCP number: 75. This step therapy program applies to new utilizers only.

**Antihistamine Therapy**

OTCs: "LORATADINE", "LORATADINE HIVES RELIEF", "CETIRIZINE HCL", "LORATADINE-D 24HR", "CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER", "CETIRIZINE HCL CHILDRENS ALLERGY". **Step 1 Drug(s):** OTC Cetirizine Hcl or OTC Loratadine. **Step 2 Drug(s):** Fexofenadine. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Generic OTC cetirizine or loratadine 1st". Override allowed: Yes. Override NCPCP number: 75. Post effective date coverage rule: 120 days. Allow continuous users of second line drugs who have met first line criteria.

**Branded NSAID Therapy**

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. **Step 1 Drug(s):** Diclofenac Potassium, Diclofenac Sodium, Diflunisal, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. **Step 2 Drug(s):** Arthrotec 50, Arthrotec 75. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use 2 generic NSAIDs first". Override allowed: Yes. Override NCPCP number: 75. Post effective date coverage rule: 120 days. Allow continuous users of second line drugs who have met first line criteria. Authorization for a step 2 drug may be given if the patient has tried two unique generic prescription strength non-steroidal anti-inflammatory drugs (NSAIDs) for the current condition.
Cox II Therapy

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Diclofenac Potassium, Diclofenac Sodium, Diflunisal, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketrolac Tromethamine, Meclofenamate Sodium, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Celebrex. This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 130 days. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use 2 generic NSAIDs first". Override allowed: Yes. Override NCPCP number: 75. Authorization for Celebrex may be given for patients who are currently taking chronic systemic corticosteroid therapy, warfarin (Coumadin), clopidogrel (Plavix), chronic aspirin therapy, or low molecular weight heparins. Authorization for Celebrex may be given for patients with reduced platelet counts or other coagulation disorders. Authorization for Celebrex may be given for patients with familial adenomatous polyposis (FAP) or attenuated adenomatous polyposis coli (AAPC) who have adenomatous colorectal polyps. Authorization for Celebrex may be given if used for the treatment of cancer as part of a cancer-chemotherapy regimen (e.g., in combination with chemotherapeutic agents). Authorization for Celebrex may be given for patients who have had a documented upper gastrointestinal bleed from a duodenal or gastric ulcer. Authorization for Celebrex may be given for patients with a past hypersensitivity, anaphylactic or allergic-type reaction (e.g., erythema, hives, urticaria, angioedema) to aspirin or NSAIDs. Authorization for Celebrex may be given to patients with aspirin-sensitive asthma (also known as aspirin-induced asthma, aspirin-exacerbated respiratory disease) or NSAID-induced asthma.

Leukotriene Inhibitor

OTCs: "LORATADINE", "LORATADINE HIVES RELIEF", "CETIRIZINE HCL", "LORATADINE-D 24HR", "CETIRIZINE HCL/PESEUDOEPHEDRINE HCL ER", "CETIRIZINE HCL CHILDRENS ALLERGY". OTCs: "LORATADINE", "LORATADINE HIVES RELIEF", "CETIRIZINE HCL", "LORATADINE-D 12HR" OR "24HR", "CETIRIZINE HCL/PESEUDOEPHEDRINE HCL ER", "CETIRIZINE HCL CHILDRENS ALLERGY". If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Intranasal flunisolide or fluticasone propionate plus either OTC cetirizine or OTC loratadine. Step 2 Drug(s): Singulair. This step therapy program will exclude participants with a claims history of inhaled beta 2 agonists or inhaled corticosteroids within the last 130 days. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Gen nas ster+OTC cetirizine or lorat 1st". Override allowed: Yes. Override NCPCP number: 75.
PPI Therapy

OTCs: "OMEPRAZOLE", "PREVACID 24HR". OTCs: "OMEPRAZOLE" and "LANSOPRAZOLE". If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): OTC. Step 2 Drug(s): Lansoprazole, omeprazole, pantoprazole. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. Injectables are not included in the drug groups nor in the look back period. On-line Pharmacy Message: "Use OTC PPI first". Override allowed: Yes. Override NCPCP number: 75. Post effective date coverage rule: Allow continuous users of second line drugs who have met first line criteria. Allow pantoprazole for Plavix users. Authorization may be given for lansoprazole SoluTabs for patients with a feeding tube (eg, nasogastric tube, gastric tube). Authorization may be given for lansoprazole SoluTabs for children less than 2 years old.

Topical Immunomodulator

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alclometasone Dipropionate, Amcinonide, Augmented Betamethasone, Betamethasone Dipropionate, Betamethasone Valerate, Beta-val, Clobetasol Emollient, Clobetasol Propionate, Del-beta, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Nystatin/Triamcinolone, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Elidel. Number of days for claims review for select or first line drugs: 60 days. History effective date: 130 days prior to effective date. Grandfathering: 130 days. On-line Pharmacy Message: "Use generic Rx topical steroid first". Override allowed: Yes. Override NCPCP number: 75. Authorization may be given for Elidel, if the patient has tried one prescription strength generic topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for Elidel may be given for patients with the following conditions after a trial of a prescription strength generic topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization may be given for Elidel, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e.g., azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e.g., tetracycline, metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin).

Zetia

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Crestor 20 mg or greater, lovastatin 40 mg or greater, pravastatin 40 mg or greater, or simvastatin 40 mg or greater. Number of days for claims review for select or first line drugs: 130 days. History effective date: 130 days.
Authorization for Zetia may be given if the patient is taking or will be taking a medication that has a significant drug interaction with any of the HMG-CoA reductase inhibitors [statins] (eg, cyclosporine, fibrates, niacin more than 1 g/day, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, amiodarone, and verapamil). Authorization of Zetia may be given if the patient has severe renal impairment (creatinine clearance of 30 mL/minute or less). Authorization of Zetia may be given if for management of homozygous familial sitosterolemia. Authorization of Zetia may be given for use in pregnant woman. Authorization of Zetia may be given if the patient has active liver disease or unexplained persistent elevations of serum transaminases. Exceptions are NOT recommended for Zetia for use in patients with moderate or severe hepatic insufficiency. As reviewed by a pharmacist, authorization for Zetia may be given for use in patients who have been previously diagnosed with myopathy or rhabdomyolysis (either medication-related or not medication related) OR the patient has an underlying muscle/muscle-metabolism-related disorder (eg, myositis, McArdle disease).