



MASSACHUSETTS

## 2013 Step Therapy Criteria for Medicare HMO Blue<sup>SM</sup> (HMO) and Medicare PPO Blue<sup>SM</sup> (PPO) Plans



### Definition of Step therapy

For certain drugs we require you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

The following list of Prescription Drugs are subject to the Step Therapy.

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## ANGIOTENSIN II ANTAGONISTS

### Affected Drugs

#### STEP 1 DRUGS

*acarbose*  
ACTOS®  
AVANDAMET®  
AVANDIA®  
*benazepril*  
*benazepril/amlodipine besylate*  
*benazepril/hctz*  
BYDUREON®  
BYETTA®  
*candesartan cilexetil/hctz*  
*captopril*  
*captopril/hctz*  
*chlorpropamide*  
DUETACT®  
*enalapril*  
*enalapril maleate/hctz*  
*eprosartan mesylate*  
*fosinopril*  
*fosinopril/hctz*  
*glimepiride*  
*glipizide*  
*glipizide/metformin hcl*  
*glyburide*  
*glyburide/metformin hcl*  
*hctz/valsartan*  
HUMALOG MIX 50-50®  
HUMALOG MIX 75-25®  
HUMALOG®  
HUMULIN 70-30®  
HUMULIN N®  
HUMULIN R®  
*irbesartan*  
*irbesartan/hctz*  
JANUMET XR®  
JANUMET®  
JANUVIA®  
JUVISYNC®

#### STEP 2 DRUGS

DIOVAN HCT®  
DIOVAN®  
EXFORGE HCT®  
EXFORGE®

KOMBIGLYZE XR®  
LANTUS SOLOSTAR®  
LANTUS®  
LEVEMIR FLEXPEN®  
LEVEMIR®  
*lisinopril*  
*lisinopril/hctz*  
*losartan*  
*losartan /hctz*  
*metformin*  
*moexipril*  
*nateglinide*  
NOVOLIN 70-30®  
NOVOLIN N®  
NOVOLIN R®  
NOVOLOG FLEXPEN®  
NOVOLOG MIX 70-30 FLEXPEN®  
NOVOLOG MIX 70-30®  
NOVOLOG®  
ONGLYZA®  
*perindopril erbumine*  
*pioglitazone hcl*  
*pioglitazone hcl/metformin hc*  
*pioglitazone/glimepiride*  
PRANDIN®  
*quinapril*  
*quinapril/hctz*  
*ramipril*  
SYMLINPEN 120®  
SYMLINPEN 60®  
*tolazamide*  
*tolbutamide*  
*trandolapril*  
VICTOZA 3-PAK®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Acarbose, Actos, Amlodipine-benzaepiril, Avandamet, Avandia, Benazepril, Benazepril-HCTZ, Bydureon, Byetta, Candesartan-HCTZ, Captopril, Captopril-HCTZ, Chlorpropamide, Duetact, Enalapril, Enalapril-HCTZ, Eprosartan, Fosinopril, Fosinopril-

HCTZ, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Humalog, Humulin, Irbesartan, Janumet, Januvia, Juvisync, Kombiglyze XR, Lantus, Levemir, Lisinopril, Lisinopril-HCTZ, Losartan, Losartan-HCTZ, Metformin, Metformin ER, Moexipril, Nateglinide, Novolin, Novolog, Onglyza, Perindopril, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin, Prandin, Quinapril, Quinapril-HCTZ, Ramipril, Symmlinpen, Tolazamide, Tolbutamide, Trandolapril, Valsartan-HCTZ, Victoza. Step 2 Drug(s): Diovan, Diovan HCT, Exforge, Exforge HCT.

## ANTIDEPRESSANTS

### Affected Drugs

#### STEP 1 DRUGS

*acarbose*  
ACTOS®  
AVANDAMET®  
AVANDIA®  
*bupropion*  
BYDUREON®  
BYETTA®  
*chlorpropamide*  
*citalopram*  
DUETACT®  
*escitalopram oxalate*  
*fluoxetine*  
*fluvoxamine*  
*glimepiride*  
*glipizide*  
*glipizide/metformin hcl*  
*glyburide*  
*glyburide/metformin hcl*  
HUMALOG MIX 50-50®  
HUMALOG MIX 75-25®  
HUMALOG®  
HUMULIN 70-30®  
HUMULIN N®  
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JANUMET XR®  
JANUMET®  
JANUVIA®  
JUVISYNC®  
KOMBIGLYZE XR®  
LANTUS SOLOSTAR®  
LANTUS®  
LEVEMIR®  
*metformin*  
*nateglinide*  
NOVOLIN 70-30®  
NOVOLIN N®

#### STEP 2 DRUGS

CYMBALTA®  
PRISTIQ ER®  
VIIBRYD®

NOVOLIN R®  
NOVOLOG MIX 70-30®  
NOVOLOG®  
ONGLYZA®  
*paroxetine*  
*pioglitazone hcl*  
*pioglitazone hcl/metformin hc*  
*pioglitazone/glimepiride*  
PRANDIN®  
*sertraline*  
SYMLINPEN 120®  
SYMLINPEN 60®  
*tolazamide*  
*tolbutamide*  
*venlafaxine*  
VICTOZA 3-PAK®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Cymbalta, a Step 2 drug, may also be given without the trial of a Step 1 agent for diagnosis of Fibromyalgia, Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis) or Diabetic Neuropathy. Step 1 Drug(s): Budeprion SR, Budeprion XL, Bupropion HCL, Bupropion HCL SR, Bupropion SR, Bupropion XL, Bydureon, Citalopram HBR, Fluoxetine DR, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine CR, Paroxetine HCL, Sertraline HCL, Venlafaxine HCL, Venlafaxine HCL ER. Step 2 Drug (s): Cymbalta, Pristiq, Viibryd. Cymbalta will also pay with history of the following Step 1 Drug (s): Acarbose, Actos, Avandamet, Avandia, Byetta, Chlorpropamide, Duetact, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Glycron, Humalog, Humulin, Janumet, Januvia, Juvisync, Kombiglyze XR, Lantus, Levemir, Metformin, Metformin ER, Nateglinide, Novolin, Novolog, Onglyza, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin, Prandin, Symlinpen, Tolazamide, Tolbutamide, Victoza.

## ANTIHYPERLIPIDEMICS

### Affected Drugs

#### STEP 1 DRUGS

*atorvastatin calcium*

*fluvastatin*

*lovastatin*

*pravastatin*

*simvastatin*

#### STEP 2 DRUGS

CRESTOR®

ZETIA®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Zetia, a Step 2 drug, may also be given without the trial of a Step 1 agent for diagnosis of Homozygous Sitosterolemia. Step 1 Drug(s): Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin. Step 2 Drug (s): Crestor, Zetia.

## **BYETTA**

### **Affected Drugs**

#### STEP 1 DRUGS

BYDUREON®

BYETTA®

#### STEP 2 DRUGS

VICTOZA 3-PAK®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Bydureon, Byetta. Step 2 Drug(s): Victoza.

## DIABETES

### Affected Drugs

#### STEP 1 DRUGS

*acarbose*  
BYDUREON®  
BYETTA®  
*chlorpropamide*  
*glimepiride*  
*glipizide*  
*glipizide/metformin hcl*  
*glyburide*  
*glyburide/metformin hcl*  
HUMALOG MIX 50-50®  
HUMALOG MIX 75-25®  
HUMALOG®  
HUMULIN 70-30®  
HUMULIN N®  
HUMULIN R®  
LANTUS SOLOSTAR®  
LANTUS®  
LEVEMIR FLEXPEN®  
LEVEMIR®  
*metformin*  
*nateglinide*  
NOVOLIN 70-30®  
NOVOLIN N®  
NOVOLIN R®  
NOVOLOG FLEXPEN®  
NOVOLOG MIX 70-30 FLEXPEN®  
NOVOLOG MIX 70-30®  
NOVOLOG®  
PRANDIN®  
SYMLINPEN 120®  
SYMLINPEN 60®  
*tolazamide*  
*tolbutamide*  
VICTOZA 3-PAK®

#### STEP 2 DRUGS

ACTOS®  
AVANDAMET®  
AVANDIA®  
DUETACT®  
JANUMET XR®  
JANUMET®  
JANUVIA®  
JUVISYNC®  
KOMBIGLYZE XR®  
ONGLYZA®  
*pioglitazone hcl*  
*pioglitazone hcl/metformin hc*  
*pioglitazone/glimepiride*

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Acarbose, Bydureon, Byetta, Chlorpropamide, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Humalog, Humulin, Lantus, Levemir, Metformin HCL, Metformin HCL ER, Nateglinide, Novolin, Novolog, Prandin, Symlinpen, Tolazamide, Tolbutamide, Victoza. Step 2 Drug (s): Actos, Avandamet, Avandia, Duetact, Janumet, Januvia, Juvisync, Kombiglyze XR, Onglyza, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin.

## **OVERACTIVE BLADDER AGENTS**

### **Affected Drugs**

#### STEP 1 DRUGS

*oxybutynin*

*trospium chloride*

#### STEP 2 DRUGS

DETROL LA®

DETROL®

ENABLEX®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin, Oxybutynin CL ER, Trospium CL. Step 2 Drug (s): Detrol, Detrol LA, Enablex.

## PROTON PUMP INHIBITORS

### Affected Drugs

#### STEP 1 DRUGS

*omeprazole*

#### STEP 2 DRUGS

*lansoprazole*

*omeprazole/sodium bicarbonat*

*pantoprazole*

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Omeprazole. Step 2 Drug(s): Lansoprazole, Omeprazole/Sodium Bicarbonate, Pantoprazole.

## **ULORIC**

### **Affected Drugs**

#### STEP 1 DRUGS

*allopurinol*

#### STEP 2 DRUGS

ULORIC®

There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric.

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