



The following drugs will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim.

### Stepped Therapy Drugs for 2008

Drug	Condition
<i>Aciphex (rabeprazole)</i>	Trial & failure of Prilosec OTC or omeprazole AND Protonix
<i>Ambien CR (zolpidem extended release)</i>	Trial & failure of Ambien* AND Lunesta
<i>Amitiza (lubiprostone)</i>	Trial & failure of Lactulose*, Miralax*
<i>Coreg CR (carvedilol extended rel)</i>	Trial of Coreg*
Crestor (rosuvastatin) 5mg only	Trial & failure of Zocor*
Effexor (venlafaxine)	Trial & failure of an SSRI
Effexor XR (venlafaxine extended rel)	Trial & failure of an SSRI
<i>Lescol (fluvastatin)</i>	Trial & failure of Zocor*
<i>Lescol XL (fluvastatin extended release)</i>	Trial & failure of Zocor*
Lexapro (escitalopram)	Trial & failure of a generic SSRI
<i>Lipitor (atorvastatin) 10mg &amp; 20mg only</i>	Trial & failure of Zocor*
Lunesta (eszopiclone)	Trial & failure of Ambien*
<i>Nexium (esomeprazole)</i>	Trial & failure of Prilosec OTC or omeprazole AND Protonix
<i>Niravam ODT (alprazolam immediate rel)</i>	Trial of Xanax*
<i>Paxil CR (paroxetine extended release)</i>	Trial of Paxil*
<i>Prevacid Solutab (lansoprazole)</i> <i>Prevacid Capsules^ are not covered</i>	Trial & failure of Prilosec OTC or omeprazole AND Protonix
<i>Prozac Weekly (fluoxetine extended rel)</i>	Trial of Prozac*
<i>Rozerem (ramelteon)</i>	Trial & failure of Ambien* AND Lunesta
Sensipar (cinacalcet)	Trial & failure of Vitamin D analogs & Phoslo
Singulair (montelukast)	Prior prescription for an asthma medication
<i>Sonata (zaleplon)</i>	Trial & failure of Ambien* AND Lunesta
<i>Ultram ER (tramadol extended release)</i>	Trial of Ultram*
Vytorin (simvastatin/ezetimibe) 10/10 only	Trial & failure of Zocor*
<i>Wellbutrin XL (bupropion extended rel)</i>	Trial of Wellbutrin* or Wellbutrin SR*
<i>Xanax XR (alprazolam extended rel)</i>	Trial of Xanax*
<i>Zelapar ODT (selegeline)</i>	Trial of Eldepryl*
<i>Zyprexa (olanzapine)</i>	Prior prescription for a formulary atypical antipsychotic Examples include Risperdal or Seroquel

*Italics indicate non-formulary agents*

\* indicates generic form available – lowest copay charged

^ indicates agent is not covered