

Express Scripts, Inc.
Standard Step Therapy Programs

Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.				
Step Therapy Program	Your prescription is for one of these targeted step drugs	Your program points you to one of these first step drugs	This program looks for	Indication
Angiotensin Converting Enzyme (ACE) Inhibitors	Accupril, Accuretic, Aceon, Altace, Capoten, Capozide, Lexxel, Lotensin HCT, Lotensin, Lotrel, Mavik, Monopril HCT, Monopril, Prinivil, Prinzide, Tarka, Uniretic, Univas, Vasoretic, Vasotec, Zestoretic, Zestril	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, moexipril, trandolapril, moexipril/HCTZ, benazepril/amlodipine	Prior use of 1 first line medication in the last 130 days	Heart and hypertension
Angiotensin II Receptor Antagonists (ARBs)	Atacand HCT, Atacand, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan HCT, Diovan, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, quinapril, quinapril/HCTZ, moexipril, trandolapril, benazepril/amlodipine	Prior use of 1 first line medication in the last 130 days	Heart and hypertension
Antidepressants - Bupropion	Wellbutrin SR/XL, Aplenzin	bupropion SR, bupropion XL, budeprion SR, budeprion XL	Prior use of 1 first line medication in the last 130 days	Depression
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRI)	Celexa, Lexapro, Luvox CR, Paxil CR, Paxil, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft	fluoxetine, fluvoxamine, paroxetine, paroxetine CR, citalopram, sertraline	Prior use of 1 first line medication in the last 130 days	Depression
Antidepressants - Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRI)	Cymbalta, Effexor, Effexor XR, Pristiq, Venlafaxine extended-release, Savella	fluoxetine, fluvoxamine, paroxetine/CR, citalopram, sertraline, venlafaxine	Prior use of 1 first line medication in the last 130 days; for Savella prior use of 2 medication (SSRI and/or SNRI) in the last 130 days	Depression
Avodart	Avodart	finasteride	Prior use of 1 first line medication in the last 130 days	BPH
Beta Blockers	Toprol XL, Bystolic, Coreg, Levatol, Inderal LA, InnoPran XL, Sektal, Corzide, Tenormin, Kerlone, Timolide, Zebeta, Normodyne, Trandate, Lopressor, Corgard, Blocadren, Inderal, Coreg CR, Ziac, Lopressor HCT, Ziac, Inderide, Tenoretic	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol tartrate, metoprolol succinate (ER), nadolol, pindolol, propranolol, propranolol ER, timolol, atenolol/chlorthalidone, bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide, propranolol/hydrochlorothiazide, nadolol/bendroflumethiazide	Prior use of 1 first line medication in the last 130 days	Heart and hypertension
Bisphosphonates Enhanced	Fosamax tablets, Fosamax oral solution, Fosamax Plus D	Step-One: alendronate Step-Two: Actonel, Actonel Plus Calcium, Boniva	Prior use of a Step-One in the last 130 days for a Step-Two Product. Prior use of a Step-Two medication in the last 130 days for a Step-Three product.	Osteoporosis

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Branded NSAID	Arthrotec, Mobic, Ponstel, Cataflam, Voltaren, Voltaren XR, Lodine, Lodine XL, Nalfon, Ansaid, Motrin, Indocin, Indocin SR, Orudis, Toradol, Relafen, Naprosyn, Naprelan, Anaprox, Anaprox DS, Daypro, Feldene, Clinoril, Flector, Voltaren Gel, IC 400, IC 800, Zipsor	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Prior use of 2 first line medications in the last 130 days	Arthritis/Pain
Calcium Channel Blockers - Dihydropyridine Products	Adalat CC, Cardene, Cardene SR, Dynacirc, Dynacirc CR, Norvasc, Plendil, Procardia, Procardia XL, Sular	nifedipine SR, nifedipine IR, nicardipine IR, felodipine ER, isradipine, amlodipine	Prior use of 1 first line medication in the last 130 days, Grandfathering is not required	Heart and hypertension
Calcium Channel Blockers - Verapamil Products	Covera-HS, Verelan PM, Verelan, Calan, Calan SR, Isoptin, Isoptin SR	verapamil SR, verapamil IR, verapamil ER	Prior use of 1 first line medication in the last 130 days, Grandfathering is not required	Heart and hypertension
COX-2 Inhibitors	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Prior use of 2 first line medications in the last 130 days	Arthritis/Pain
HMG - Enhanced	Altoprev, Caduet, Lescol, Lescol XL, Mevacor, Pravachol, Zocor, Vytorin	Step-One: lovastatin, pravastatin, simvastatin Step-Two: Crestor, Lipitor	Prior use of a Step-One in the last 130 days for a Step-Two Product. Prior use of a Step-Two medication in the last 130 days for a targeted product. Prior use of a Step-One and a Step-Two medication in the last 180 days for a targeted product. Grandfathering is not required	Cholesterol
Hypnotics	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar	zolpidem, zaleplon	Prior use of 1 first line medication in the last 130 days	Insomnia
Leukotriene Pathway Inhibitors	Accolate, Singulair, Zyflo/CR	For non-asthma conditions: Category 1: <i>Fluticasone propionate</i> *, Beconase AQ, Flonase, Flunisolide*, Nasacort, Nasarel, Veramyst, Nasonex, Rhinocort AQ, Omnaris Category 2: <i>Fexofenadine</i> *, Allegra, Allegra-D, Clarinex, Clarinex-D, loratadine* [^] , loratadine/pseudoephedrine* [^] , Claritin, Claritin-D, cetirizine* [^] , cetirizine-pseudoephedrine* [^] , Zyrtec, Zyrtec D, Xyzal, Astelin/Astepro, Patanase <i>*try these generics first to avoid being targeted by another step therapy program; [^] these over-the-counter (OTC) products may not be covered under your prescription benefit</i>	Prior use of 1 first line medication from each category in the last 130 days	Allergies

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Leukotriene Pathway Inhibitors (No Antihistamine Coverage)	Accolate, Singulair, Zyflo/CR	For non-asthma conditions: Fluticasone propionate*, Beconase AQ, Flonase, Flunisolide*, Nasacort, Nasarel, Veramyst, Nasonex, Rhinocort AQ, Omnaris *try these generics first to avoid being targeted by another step therapy program	Prior use of 1 first line medication from each category in the last 130 days	Allergies
Lyrica	Lyrica	gabapentin	Prior use of 1 first line medication in the last 130 days	Neuropathic pain
Nasal Steroids	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasarel, Nasonex, Flonase, Veramyst, Omnaris	fluticasone propionate, flunisolide	Prior use of 1 first line medication in the last 130 days	Allergies
Non-sedating Antihistamines (NSA)	Clarinet, Clarinet-D, Allegra, Allegra-D, Xyzal	loratadine [^] , loratadine-D [^] , fexofenadine, cetirizine syrup, cetirizine [^] , cetirizine-D [^] [^] these over-the-counter (OTC) products may not be covered under your prescription benefit	Prior use of 1 first line medication in the last 130 days	Allergies
Overactive Bladder (OAB)	Detrol, Detrol LA, Sanctura, Vesicare, Enablex, Oxytrol, Ditropan, Ditropan XL, Toviaz, Gelnique	oxybutynin IR, oxybutynin XL	Prior use of 1 first line medication in the last 130 days	Overactive Bladder
Proton Pump Inhibitors - Enhanced	Step Two: Nexium, pantoprazole Step Three: Aciphex, Kapidex, Prilosec, Protonix, Zegerid, Prevacid	omeprazole	Prior use of a Step-One in the last 130 days for a Step-Two Product. Prior use of a Step-Two medication in the last 130 days for a Step-Three product.	Stomach acid conditions
Tekturna	Tekturna, Tekturna HCT	benazepril, benazepril/HCTZ, benazepril/amlodipine, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ, trandolapril	Prior use of 1 first line medication in the last 130 days	Hypertension
Topical Corticosteroids	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene, Vanos, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort, Lidex, Westcort, Momexin	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone	Prior use of 1 first line medication in the last 60 days	Dermatologic Conditions

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Topical Immunomodulators	Elidel, Protopic	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone buteprate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clocortolone, flurandrenolide, halocinonide, prednicarbate	Prior use of 1 first line medication in the last 60 days	Dermatologic Conditions
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