

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, 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, Quinaretic, moexipril, trandolapril, trandolapril/verapamil, moexipril/HCTZ, benazepril/amlodipine, perindopril	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, Edarbi, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Twynsta, Tribenzor	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, Quinaretic, moexipril, trandolapril, moexipril/HCTZ, benazepril/amlodipine, perindopril, trandolapril/verapamil, enalapril/felodipine, losartan, losartan/HCTZ	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, bupropion SR, bupropion 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, Viibryd	fluoxetine/weekly, 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, citalopram, sertraline, venlafaxine/XR	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, Proscar, Jayln	finasteride	Prior use of 1 first line medication in the last 130 days	BPH
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, Pennsaid, Cambia, Sprix, Vimovo, Duexis	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; for Vimovo use of generic omeprazole, generic lansoprazole, or generic pantoprazole AND naproxen (brand or generic); for Duexis use of generic famotidine, cimetidine, nizatidine, or ranitidine AND prescription strength ibuprofen (brand or generic)	Arthritis/Pain
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
Fenofibrate	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fibricor	fenofibrate	Prior use of 1 first line medication in the last 130 days	Cholesterol
HMG - Enhanced National Preferred Formulary	Altoprev, Caduet, Lescol, Lescol XL, Lipitor Mevacor, Pravachol, Zocor, Vytorin, Livalo	Step-One: lovastatin, pravastatin, simvastatin Step-Two: Crestor	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, Silenor, Zolpimist	zolpidem/CR, zaleplon	Prior use of 1 first line medication in the last 130 days	Insomnia
Leukotriene Pathway Inhibitors	Accolate, Singulair, Zyflo/CR - (<i>generic alternatives are not targeted</i>)	For non-asthma conditions: Category 1: Fluticasone propionate*, Beconase AQ, Flonase, Flunisolide*, Nasacort, Nasarel, Veramyst, Nasonex, Rhinocort AQ, Omnaris Category 2: Fexofenadine [^] , 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
Gabapentin (formerly called Lyrica)	Lyrica, Horizant, Neurontin, Gralise	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

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Non-sedating Antihistamines (NSA)	Clarinet, Clarinet-D, Xyzal	loratadine [^] , loratadine-D [^] , fexofenadine [^] , fexofenadine-D [^] , cetirizine syrup, cetirizine [^] , cetirizine-D [^] , levocetirizine [^] 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/XR, Vesicare, Enablex, Oxytrol, Ditropan, Ditropan XL, Toviaz, Gelnique	oxybutynin IR, oxybutynin XL, trospium	Prior use of 1 first line medication in the last 130 days	Overactive Bladder
Proton Pump Inhibitors - Enhanced	Step Two: Nexium, omeprazole-sodium bicarbonate, lansoprazole orally disintegrating tab Step Three: Aciphex, Dexilant (formerly Kapidex), Prilosec/OTC, Protonix, Zegerid/OTC, Prevacid/OTC	omeprazole (Rx or OTC), lansoprazole, pantoprazole	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. <i>Does NOT target kids 2 years of age and younger.</i>	Stomach acid conditions
Tekturna	Tekturna, Tekturna HCT, Valturna, Amturnide, Tekamlo	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, trandolapril/verapamil, enalapril/felodipine, benazepril/amlodipine	Prior use of 1 first line medication in the last 130 days	Hypertension
Topical Corticosteroids	Aclovene, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytotic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaderm/TA, Triderm, Scalacort, Samol-HC, Pramoxone, Pramoxone E, Desonil/kit	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone, pramoxine	Prior use of 2 first line medication in the last 130 days	Dermatologic Conditions
Topical Immunomodulators	Elidel, Protopic	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone butepate, 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