

## **Step Therapy Criteria**

2010 4 Tier Standard

Last Updated: 6/10/2010

### **Step Therapy Group**

Cox-2 Inhibitors

#### **Criteria**

Step 1: First line therapy should be a trial and failure of 2 formulary non-selective NSAIDs. NSAID dose must be therapeutic and must be tried for an adequate length of time for anti-inflammatory effects to occur (generally 2-3 weeks).

Step 2: Once two of these agents have been tried, patients can receive therapy with Celebrex.

#### **Drugs**

1. DICLOFENAC POTASSIUM, DICLOFENAC SODIUM, DICLOFENAC SODIUM EC, DICLOFENAC SODIUM XR, DIFLUNISAL, ETODOLAC, ETODOLAC ER, FENOPROFEN CALCIUM, FLURBIPROFEN, IBUPROFEN, INDOMETHACIN, INDOMETHACIN ER, KETOPROFEN, KETOPROFEN ER, MECLOFENAMATE SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, NAPROXEN DR, NAPROXEN SODIUM, OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN SODIUM

2. CELEBREX

### **Step Therapy Group**

Hypoglycemics

#### **Criteria**

Step 1: First line therapy should be a formulary sulfonylurea, metformin, or formulary insulin (if appropriate).

Step 2: Once one of these agents has been tried, patients can receive therapy with other formulary hypoglycemics such as Actoplus Met, Actos, Avandamet, Avandaryl, Avandia, Duetact, Acarbose, Januvia, Janumet, Onglyza, nateglinide, and Starlix.

#### **Drugs**

1. CHLORPROPAMIDE, GLIMEPIRIDE, GLIPIZIDE, GLIPIZIDE ER, GLIPIZIDE XL, GLIPIZIDE/METFORMIN HCL, GLYBURIDE, GLYBURIDE MICRONIZED, GLYBURIDE/METFORMIN HCL, GLYCRON, HUMALOG, HUMALOG MIX 50/50, HUMALOG MIX 75/25, HUMULIN 50/50, HUMULIN 70/30, HUMULIN N, HUMULIN R, LANTUS, LEVEMIR, METFORMIN HCL, METFORMIN HCL ER, NOVOLOG, NOVOLOG MIX 70/30, TOLAZAMIDE, TOLBUTAMIDE

2. ACARBOSE, ACTOPLUS MET, ACTOS, AVANDAMET, AVANDARYL, AVANDIA, DUETACT, JANUMET, JANUVIA, NATEGLINIDE, ONGLYZA, STARLIX

### **Step Therapy Group**

Non-sedating antihistamines

#### **Criteria**

Step 1: First line therapy should be loratadine OTC (with or without pseudoephedrine) AND cetirizine OTC (with or without pseudoephedrine).

Step 2: Second line therapy should be fexofenadine, Allegra Suspension, or Allegra-D.

Step 3: Once fexofenadine, Allegra Suspension, or Allegra-D has been tried, patients can receive therapy with other formulary non-sedating antihistamines such as Clarinex.

#### **Drugs**

1. ALAVERT, ALAVERT ALLERGY/SINUS, ALLERGY RELIEF/NASAL DECONGESTANT, CETIRIZINE HCL, CETIRIZINE HCL CHILDRENS ALLERGY, CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER, LORATADINE, LORATADINE HIVES RELIEF

2. ALLEGRA, ALLEGRA-D 12 HOUR, ALLEGRA-D 24 HOUR, FEXOFENADINE HCL

3. CLARINEX, CLARINEX REDITABS, CLARINEX-D 12 HOUR, CLARINEX-D 24 HOUR

### **Step Therapy Group**

Ophthalmic Antihistamines

#### **Criteria**

Step 1: First line therapy should be Zaditor OTC, ketotifen OTC or Alaway OTC.

Step 2: Second line therapy should be Patanol or Pataday.

Step 3: Once Patanol or Pataday has been tried, patients can receive therapy with other formulary prescription ophthalmic antihistamines such as Elestat, azelastine, and Optivar.

#### **Drugs**

1. ALAWAY, KETOTIFEN FUMARATE, ZADITOR

2. PATADAY, PATANOL

3. AZELASTINE HCL, ELESTAT, OPTIVAR

### **Step Therapy Group**

Proton Pump Inhibitors

#### **Criteria**

Step 1: First line therapy should be Omeprazole.

Step 2: Second line should be pantoprazole or lansoprazole or Dexilant(Kapidex).

**Drugs**

1. OMEPRAZOLE

2. DEXILANT, KAPIDEX, LANSOPRAZOLE, PANTOPRAZOLE SODIUM

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