

## **STEP THERAPY**

**NOTE:** The medications in each category are subject to change. Please make sure to check with the Fund (Phone: Toll Free in PA: 1-800-422-8330; Toll Free in USA: 1-800-331-0420) or on the Fund's website ([www.centralpateamsters.com](http://www.centralpateamsters.com)) for updates to this chart before beginning a course of medication.

**Please note: all brand contraceptives are covered under Step II medications and are not subject to grandfathering.**

**Effective March 8, 2016, the following generic drugs are now added to the Step 1 Rheumatoid Arthritis step therapy: high dose ibuprofen and naproxen (requiring a prescription), celecoxib, nabumetone, piroxicam, diclofenac, diflunisal, indomethacin, ketoprofen, etodolac, prednisone, cyclophosphamide, cyclosporine, azathioprine, and methotrexate**

### **STEP THERAPY CATEGORIES NOT SUBJECT TO GRANDFATHERING:**

Effective January 1, 2016, the Fund will **NOT** provide benefits for medications in Step II unless you have documented that you have tried and failed on a Step I medication and your physician has submitted documentation demonstrating that the Step II medications are "medically necessary" under the Fund's criteria.

| <b>CATEGORY</b>  | <b>STEP I</b>   | <b>STEP II</b>   |
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| <b>ALZHEIMER'S DISEASE</b>                               | DONEPEZIL<br>GALANTAMINE<br>RIVASTIGMINE  | ARICEPT<br>EXELON<br>NAMENDA<br>RAZADYNE   |
| <b>ANGIOTENSIN RECEPTOR BLOCKERS (ANTIHYPERTENSIVES)</b> | CANDESARTAN<br>EPROSARTAN<br>IRBESARTAN<br>LOSARTAN<br>TELMISARTAN<br>VALSARTAN   | ATACAND<br>AVAPRO<br>BENICAR<br>COZAAR<br>DIOVAN<br>EDARBI<br>MICARDIS<br>TEVETEN  |
| <b>ANTI-DEPRESSANTS</b>                                  | BUPROPION HCL<br>DESVENLAFAXINE<br>DULOXETINE<br>ESCITALOPRAM<br>FLUOXETINE<br>NEFAZODONE<br>SERTRALINE<br>TRAZODONE<br>VENLAFAXINE | APLENZIN<br>BRINTELLIX<br>CYMBALTA<br>EFFEXOR<br>FETZIMA<br>FORFIVO XL<br>KHEDEZLA<br>LEXAPRO<br>OLEPTRO<br>PRISTIQ<br>PROZAC<br>VIIBRYD<br>WELLBUTRIN<br>ZOLOFT |
| <b>ANTI-GLAUCOMA EYE PREPARATIONS</b>                    | APRACLONIDINE HCL<br>BETAXOLOL<br>BRIMONIDINE<br>CARTEOLOL  | ALPHAGAN<br>AZOPT<br>BETIMOL<br>BETOPTIC   |

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| <b>ANTI-GLAUCOMA EYE PREPARATIONS-CONTINUED....</b>   | DORZOLAMDE<br>LATANOPROST<br>LEVOBUNOLOL<br>METIPRANOLOL<br>PILOCARPINE<br>TIMOLOL<br>TRAVOPROST   | COMBIGAN<br>COSOPT<br>IOPIDINE<br>ISTALOL<br>LUMIGAN<br>PHOSPHOLINE<br>RESCULA<br>SIMBRINZA<br>TIMOPTIC<br>TRAVATAN<br>TRUSOPT<br>XALATAN<br>ZIOPTAN |
| <b>ANTIPSYCHOTICS</b>   | CLOZAPINE<br>OLANZAPINE<br>QUETIAPINE<br>RISPERIDONE<br>ZIPRASIDONE  | ABILIFY - Evidence of "medical necessity" must include documentation of failure of all other therapies, including non-drug intervention              |
| <b>BETA-ADRENERGIC BLOCKERS (ANTIHYPERTENSIVES)</b>   | ACEBUTOLOL<br>ATENOLOL<br>BETAXOLOL<br>BISOPROLOL<br>METOPROLOL<br>NADOLOL<br>PINDOLOL<br>PROPRANONOL<br>SOTALOL<br>TIMOLOL  | BYSTOLIC   |
| <b>CALCIUM CHANNEL BLOCKERS (ANTIHYPERTENSIVES)</b>   | AMLODIPINE ATORVASTATIN<br>AMLODIPINE BESYLATE<br>AMLODIPINE VALSARTAN<br>DILTIAZEM<br>FELODIPINE<br>ISRADIPINE<br>NICARDIPINE<br>NIFEDIPINE<br>NISOLDIPINE<br>VERPAMIL                                    | ADALAT<br>CADUET<br>CALAN<br>CARDENE<br>CARDIZEM<br>CARTIA XT<br>EFIDITAB<br>EXFORGE<br>NORVASC<br>PROCARDIA XL<br>SULAR<br>TIAZAC ER<br>VERELAN     |
| <b>CONTRACEPTIVES</b>   | All Generic Contraceptives   | All Brand Contraceptives   |
| <b>DIABETES</b>   | ACARBOSE<br>GLIMEPIRIDE<br>GLIPIZIDE<br>GLYBURIDE<br>JANUMET<br>JANUVIA<br>METFORMIN<br>PIOGLITAZONE<br>REPAGLINIDE  | INVOKANA<br>JARDIANCE<br>JENTADUETO<br>KAZANO<br>TRADJENTA   |
| <b>NARCOTIC ANALGESICS</b><br><br><b>NOTE: BENEFITS WILL BE PROVIDED ONLY FOR NARCOTIC ANALGESICS PRESCRIBED AT THE MANUFACTURERS RECOMMENDED SCRIPT LEVEL.</b> | ACETAMINOPHEN-CODEINE<br>HYDROCODONE-ACETAMINOPHEN<br>HYDROMORPHONE<br>MEPERIDINE<br>METHADONE<br>MORPHINE SULFATE<br>OXYCODONE<br>OXYCODONE-ACETAMINOPHEN<br>OXYCODONE-ASPIRIN<br>OXYMORPHONE<br>TRAMADOL | DEMEROL<br>DOLOPHINE<br>LORTAB<br>NORCO<br>NUCYNTA<br>OPANA<br>OXYCONTIN<br>PERCOCET<br>PERCODAN<br>TYLENOL WITH CODEINE<br>ULTRACET                 |

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| <b>NARCOTIC ANALGESICS<br/>CONTINUED....</b> |  | ULTRAM<br>VICODIN<br>VICOPROFEN   |
| <b>OSTEOPOROSIS</b>                          | ALENDRONATE<br>CALCITONIN-SALMON<br>IBANDRONATE<br>RALOXIFENE<br>RISEDRONATE   | ACTONEL<br>ATELVIA<br>BINOSTO<br>BONIVA<br>EVISTA<br>FORTICAL<br>FOSAMAX<br>MIACALCIN<br>PROLIA |
| <b>RHEUMATOID ARTHRITIS</b>                  | <b>EFFECTIVE 3/8/16, THE<br/>FOLLOWING GENERIC DRUGS<br/>ARE NOW ADDED TO THE STEP 1<br/>RHEUMATOID ARTHRITIS STEP<br/>THERAPY:</b><br>HIGH DOSE IBUPROFEN AND<br>NAPROXEN (PRESCRIPTION<br>STRENGTH)<br>CELECOXIB<br>NABUMETONE<br>PIROXICAM<br>DICLOFENAC<br>DIFLUNISAL<br>INDOMETHACIN<br>KETOPROFEN<br>ETODOLAC<br>PREDNISONE<br>CYCLOPHOSPHAMIDE<br>CYCLOSPORINE<br>AZATHIOPRINE<br>METHOTREXATE<br><br>XELJANZ | ACTEMRA<br>CIMZIA<br>ENBREL<br>HUMIRA<br>KINERET<br>ORENCIA<br>SIMPONI<br>STELARA               |
| <b>URINARY AGENTS</b>                        | TOVIAZ<br>FLAVOXATE<br>OXYBUTYNIN<br>TOLTERODINE<br>TROSPIMUM  | ENABLEX<br>GELNIQUE<br>MYRBETRIQ<br>OXYTROL<br>VESICARE   |

**GRANDFATHERED DRUGS:** Effective January 1, 2016, any NEW prescriptions for the medications in the chart below are subject to the Step Therapy requirements set forth above. If, however, you are currently taking a medication in one of these categories, the Fund will continue to provide benefits for your medication.

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| <b>CATEGORY</b>       | <b>STEP I</b>     | <b>STEP II</b> |
| <b>ADD &amp; ADHD</b> | AMPHETAMINE SALTS | ADDERALL       |

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| <b>ADD &amp; ADHD CONTINUED....</b> | D-AMPHETAMINE ER<br>DEXMETHYLPHENIDATE<br>DEXTROAMPHETAMINE<br>METHAMPHETAMINE<br>METHYLPHENIDATE  | CONCERTA<br>DAYTRANA<br>DESOXYN<br>DEXEDRINE<br>EVEKEO<br>FOCALIN<br>METADATE<br>METHYLIN<br>PROCENTRA<br>QUILLIVANT<br>RITALIN<br>VYVANSE<br>ZENZEDI   |
| <b>ANTI-MIGRAINE</b>                | DIHYDROERGOTAMINE<br>ERGOTAMINE-CAFFEINE TABLET<br>ISOMETHEPT-CAFF-APAP<br>ISOMETHEPT-DICHLORALP-APAP<br>NARATRIPTAN<br>RIZATRIPTAN<br>SUMATRIPTAN<br>ZOLMITRIPTAN   | ALSUMA<br>AMERGE<br>AXERT<br>CAFERGOT<br>D.H.E.45<br>ERGOMAR<br>FROVA<br>IMITREX<br>MAXALT<br>MIGERGOT<br>MIGRANAL<br>RELPAK<br>SUMAVEL<br>TREXIMET<br>ZOMIG  |
| <b>ANTI-CONVULSANTS</b>             | CARBAMAZEPINE<br>CLONAZEPAM<br>DIVALPROEX<br>ETHOSUXIMIDE<br>FELBAMATE<br>FOSPHENYTOIN<br>GABAPENTIN<br>LAMOTRIGINE<br>LEVETIRACETAM<br>OXCARBAZEPINE<br>PHENYTOIN<br>PRIMIDONE<br>TIAGABINE<br>TOPIRAMATE<br>VALPROATE<br>VALPROIC ACID<br>ZONISAMIDE | APTIOM<br>BANZEL<br>CARBATROL<br>CELONTIN<br>CEREBYX<br>DEPACON<br>DEPAKENE<br>DEPAKOTE<br>DILANTIN<br>FANATREX<br>FELBATOL<br>FYCOMPA<br>GABITRIL<br>KEPPRA<br>KLONOPIN<br>LAMICTAL<br>MYSOLINE<br>NEURONTIN<br>ONFI<br>OXTELLAR<br>PEGANONE<br>PHENYTEK<br>POTIGA<br>QUDEXY<br>TEGRETOL<br>TOPAMAX<br>TRILEPTAL<br>TROKENDI<br>VIMPAT<br>ZARONTIN<br>ZONEGRAN |
| <b>PROTON PUMP INHIBITORS</b>       | OVER THE COUNTER ("OTC");<br>LANSOPRAZOLE DR OTC   | ACIPHEX<br>DEXILANT   |

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| <b>PROTON PUMP INHIBITORS<br/>CONTINUED....</b> | NEXIUM OTC<br>OMEPRazole OTC<br>OMEPRazole-BICARB OTC<br>PREVACID OTC<br>PRILOSEC OTC<br>ZEGERID OTC | ESOMEPRazole<br>LANSOPRazole<br>OMEPRazole<br>LANSOPRazole<br>NEXIUM<br>OMEPRazole<br>OMEPRazole-BICARB<br>PANTOPRazole<br>PREVACID<br>PRILOSEC<br>PROTONIX<br>ZEGERID |
| <b>ULCERATIVE COLITIS</b>                       | AZULFIDINE<br>BALSALAZIDE<br>SULFASALAZINE<br>SULFAZINE  | APRISO<br>ASACOL<br>COLAZAL<br>DELZICOL<br>DIPENTUM<br>GIAZO<br>LIALDA<br>PENTASA  |