

Step Therapy Group Description	Step Therapy Affected Drugs	Step Therapy Criteria
Ambien CR Protocol	Ambien CR tablets	As per Pharmacy protocol, the member's electronic medication profile will be reviewed over the prior 365 days. If the profile shows that the member has had previous history of zolpidem 5mg or 10mg (generic form) or Ambien 5mg or 10mg. Then the member has met the criteria for coverage of Ambien-CR® at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage.
Bisphosphonates Protocol	Actonel tablet Actonel with Calcium tablets Boniva tablets Fosamax tablets Fosamax oral solution Skelid tablets	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows one or more of the following types of medication. Alendronate. Then the member has met the criteria for coverage of Actonel® (risedronate) or Boniva® (ibandronate) tablets or Fosamax® (alendronate) at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage. Please Note: Boniva (IV) injection is not part of this protocol.
Coreg Protocol	Coreg tablets Coreg CR capsules	As per the protocol, the member's electronic medication profile will be reviewed over the prior 120 days. If the profile shows one or more of the following types of medication. Carvedilol 3.125mg, tablets or carvedilol 6.25mg, tablets or carvedilol 12.5mg, tablets or carvedilol 25mg, tablets. Then the member has met the criteria for coverage of Coreg-CR® (carvedilol) at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage.

Edluar Protocol	Edluar tablets	As per Pharmacy protocol, the member's electronic medication profile will be reviewed over the prior 365 days. If the profile shows that the member has had previous history of zolpidem 5mg or 10mg. Then the member has met the criteria for coverage of Edluar® at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage.
Lunesta Protocol	Ambien CR tablets Lunesta tablets	As per Pharmacy protocol, the member's electronic medication profile will be reviewed over the prior 120 days. If the profile shows that the member has filled at least 14 doses of any strength of Ambien or its generic, zolpidem or Ambien CR. Then the member has met the criteria for coverage of Lunesta at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage.
Non-Sedating Antihistamine Protocol	Allegra tablets Allegra-D tablets Allegra suspension Clarinet tablets Clarinet reditabs Clarinet syrup Clarinet-D tablets Xyzal tablets	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows one or more of the following types of medication. Fexofenadine. Then the member has met the criteria for coverage of Allegra® (fexofenadine), Clarinet® (desloratadine), Clarinet-RediTabs® (desloratadine) or Xyzal (levocetirizine) at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage.
PPI Protocol	Aciphex tablets Kapidex capsules Nexium packet	As per the protocol, the member's medication profile will be reviewed over the prior 90 days. If the profile shows one of the following. Omeprazole, Lansoprazole, or Pantoprazole. If yes, then the protocol

	<p>Nexium capsules Prevacid solutab Prevacid capsules Protonix suspension Protonix tablets Zegerid capsules Zegerid packet</p>	<p>has been satisfied and prescription coverage for a Brand “PPI” will adjudicate at the applicable copayment. If no, then the protocol has not been satisfied and prescription coverage for the preferred or not preferred Brand “PPI” will require the prescriber to call Pharmacy Services for a Physician Prior Authorization (PPA). Drug utilization review criteria (once daily dosing and less than 120 days of therapy in 3 years) must be met first.</p>
Protopic Protocol	Protopic 0.1% ointment	<p>As per Pharmacy protocol, the member’s electronic medication profile will be reviewed over the prior 90 days. If the profile shows one of the following. The member is greater than fifteen (15) years of age, and has filled a prescription for a topical steroid or Elidel® over the prior 3 months. Then, the member has met the criteria for coverage of Protopic® 0.1% Ointment at the applicable copayment/coinsurance. If the member does not meet one of these criteria, the physician needs to contact Pharmacy Services for coverage authorization.</p>
Singulair Protocol	<p>Singulair tablets Singulair granules Singulair chewable tablets</p>	<p>As per Pharmacy protocol for patients 17 years of age and older, the member’s electronic medication profile will be reviewed over the prior 12 months. If the profile shows that he/she has filled a prescription for Singulair or at least one prescription for the treatment of asthma during that time then the member has met the criteria for coverage of Singulair® at the applicable copayment/coinsurance. If the member does not meet these criteria, the physician needs to contact Pharmacy Services for coverage authorization.</p>
SSRI Protocol	<p>Celexa tablets Celexa solution Lexapro tablets</p>	<p>As per the protocol, the member’s electronic medication profile will be reviewed over the prior 180 days. If the profile shows one of the following. FOR SSRI BRAND COVERAGE, has the member had a</p>

	Lexapro solution Paxil tablet Paxil suspension Paxil CR tablets Pexeva tablets Prozac pulvules Prozac tablets Prozac solution Prozac weekly capsules Rapiflux tablets Zoloft tablet Zoloft oral solution	generic SSRI prescription filled? If Yes, then the prescription for the Brand SSRI will process at the applicable copayment/coinsurance. If No, the prescriber must contact HIP Pharmacy Services for coverage (PPA). If the Physician can provide medical/clinical support and explanation for Brand Coverage then a PPA may be provided, immediately.
Statin Protocol	Altoprev tablets Crestor tablets Lescol capsules Lescol XL tablet Lipitor tablets Mevacor tablets Pravachol tablets Zocor tablets Livalo tablets	As per the protocol, the member's electronic medication profile will be reviewed over the prior 120 days. If the profile shows that you have taken one of the following generic type medications. Lovastatin or Pravastatin or Simvastatin. If yes, then the protocol has been satisfied and prescription coverage for a Brand "STATIN" will be approved at the applicable copayment. If no, then the criterion has not been satisfied and prescription coverage for the preferred Brand "Statin" will require the prescriber to call HIP Pharmacy Services for a Physician Prior Authorization (PPA). If the Physician can provide medical/clinical support and explanation for Brand Coverage then a PPA may be provided, immediately.

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