

Step Therapy Program

Member Guidelines

The Step Therapy Program includes having Restat work together with your physician and pharmacist, to assure that you receive the most cost effective covered medications as early as possible in your treatment plan.

Provide this to your physician to inform them of Restat's Step Therapy Program guidelines.

Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Restat will review the most recent 180 days of claim history available. Historical review timeframe may change based on therapy class or client request **(OR)**
- Access the appropriate Restat Prior Authorization (PA) form online to begin the Step Therapy process: www.restat.com/providers

Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

Restat Step Therapy Drug Categories

ADVAIR®/SYMBICORT® (ASTHMA)

CATEGORY A: Approved for all members:
Any inhaled corticosteroid.

CATEGORY B: Only after failure with
Category A medication:
ADVAIR DISKUS® or ADVAIR® HFA
SYMBICORT®

Note: If the member is beginning therapy, only an inhaled corticosteroid will be approved unless the member's asthma or COPD/chronic bronchitis clearly warrants treatment with two maintenance therapies.

ANTIDEPRESSANTS

CATEGORY A: Approved for all members:
Any generic SSRI.

CATEGORY B: Only after failure with
Category A medication:
CYMBALTA®
LEXAPRO®
venlafaxine SR

CATEGORY C: Only after failure with
Category A & B medications.
Any other Brand SSRI, SNRI or combination.

Note: CYMBALTA® is covered without Step Therapy if used to treat Diabetic peripheral neuropathic pain or Fibromyalgia.

ANTIHYPERTENSIVES (HIGH BLOOD PRESSURE)

CATEGORY A: Approved for all members:
Any generic ACE inhibitor or
ACE-combination.

CATEGORY B: Only after failure with
Category A medication:
AZOR®
BENICAR®/BENICAR HCT®
DIOVAN®/DIOVAN HCT®
generic losartan or generic losartan/HCTZ
MICARDIS®/MICARDIS HCT®

CATEGORY C: Only after failure with
Category A & B medications:
ATACAND®/ATACAND HCT®
AVAPRO®/AVALIDE®
COZAAR® (**BRAND**)
HYZAAR® (**BRAND**)
TEVETEN®/TEVETEN HCT®
All other **brand** ACE Inhibitors and ACE
inhibitor combinations

ANTI-VIRALS (ANTI-HERPES)

CATEGORY A: Approved for all members:
generic acyclovir

CATEGORY B: Only after failure with
Category A medication:
generic famciclovir
generic valacyclovir

CATEGORY C: Only after failure with
Category A & B medications:
Branded FAMVIR®
Branded VALTREX®
Branded ZOVIRAX®

BISPHOSPHONATES (OSTEOPOROSIS)

CATEGORY A: Approved for all members:
generic alendronate

CATEGORY B: Only after failure with
Category A medication:
ACTONEL®

CATEGORY C: Only after failure with
Category A & B medications:
ACTONEL® with Calcium
BONIVA®
Branded FOSAMAX®
FOSAMAX PLUS D™

COX-1 SPARING NSAIDs (ANTIINFLAMMATORY)

CATEGORY A: Approved for all members:
Any generic NSAID.

CATEGORY B: Only after failure with at
least one Category A prescription-strength
medication prescribed by a physician:
CELEBREX® - 100mg or 200mg

CELEBREX® is covered for members
without Step Therapy if their prescription
history/demographics reflect any of the
following criteria in the last 12 months:

- Age of 65 years or older.
- Concurrent treatment with warfarin or other
related anticoagulants.
- Concurrent treatment with oral
corticosteroids.
- Recent/concurrent treatment with
Antineoplastic.

GLAUCOMA

CATEGORY A: Approved for all members:
generic latanoprost

CATEGORY B: Only after failure with
Category A medication:
LUMIGAN®

CATEGORY C: Only after failure with
Category A & B medications:
TRAVATAN Z®

HYPNOTICS (SLEEP AGENTS)

CATEGORY A: Approved for all members:
generic zolpidem

CATEGORY B: Only after failure with
Category A medication:
zolpidem CR tab
generic zaleplon

CATEGORY C: Only after failure with
Category A & B medications:
Branded AMBIEN®
LUNESTA®
Branded SONATA®

INTRANASAL STEROIDS

CATEGORY A: Approved for all members:
generic flunisolide
generic fluticasone

CATEGORY B: Only after failure with all
Category A medications:
NASONEX®
generic triamcinolone acetonide nasal
VERAMYST®

CATEGORY C: Only after failure with
Category A & B medications:
BECONASE AQ®
Branded FLONASE®
Branded NASACORT® AQ
Branded NASAREL®
OMNARIS®
RHINOCORT® AQUA

Note: CELEBREX® 50mg and 400mg is only covered
with a PA.

OVERACTIVE BLADDER

CATEGORY A: Approved for all members:
DETROL®/DETROL LA®

CATEGORY B: Only after failure with
Category A medication:
ENABLEX®
OXYTROL®
SANCTURA XR®
TOVIAZ®
VESICARE®

CATEGORY C: Only after failure with
Category A & B medications:
GELNIQUE®

PROSTATIC HYPERPLASIA-ENZYME INHIBITOR

CATEGORY A: Approved for all members:
generic finasteride

CATEGORY B: Only after failure with
Category A medication:
AVODART®

PROSTATIC HYPERPLASIA-RECEPTOR BLOCKER

CATEGORY A: Approved for all members:
generic tamsulosin

CATEGORY B: Only after failure with
Category A medication:
CARDURA XL®
RAPAFLO®
UROXATRAL®

PROTON PUMP INHIBITOR-PPI (GI/ULCER)

CATEGORY A: Approved for all members:
generic omeprazole

CATEGORY B: Only after failure with
Category A medication:
generic lansoprazole
generic pantoprazole

CATEGORY C: Only after failure with
Category A and one Category B medication:
NEXIUM®
KAPIDEX®/DEXILANT®

Category D: Only after failure with
Category A, one Category B, and both
Category C medications:
ACIPHEX®
Brand PREVACID®
Brand PROTONIX®

Note: Any PPI medication is covered without Step
Therapy if the member is being treated with PLAVIX®
within the last 6 months.

SINGULAIR (ALLERGIC RHINITIS)

CATEGORY A: Approved for all members:
Any nasal-inhaled corticosteroid
Any antihistamine or antihistamine
combination

CATEGORY B: Only after failure with a nasal-
inhaled steroid and an antihistamine:
SINGULAIR®

Note: If the member is beginning therapy, only a
nasal-inhaled corticosteroid and/or an
antihistamine will be approved unless the
member's drug history shows that any drug for
asthma or COPD has been used in the past 12
months.

STATINS (HIGH CHOLESTEROL)

CATEGORY A: Approved for all members:
lovastatin (all strengths)
pravastatin (all strengths)
simvastatin 5mg, 10mg, 20mg, 40mg

CATEGORY B: Only after failure with
Category A medication:
CADUET®
CRESTOR®
LIPITOR®

CATEGORY C: Only after failure with
Category A & B medications (LIPITOR® and
CRESTOR®):
ADVICOR®
ALTOPREV®
LESCOL/LESCOL XL®
LIVALO®
VYTORIN® 10/10mg, 10/20mg, 10/40mg
All other Brand Statins and combinations
except Zocor® 80mg

CATEGORY D: Covered with PA only:
simvastatin 80mg
Vytorin® 10/80mg
Zocor® 80mg

Note: If the member is beginning therapy with a statin, the member's benefit will only cover a generic statin. Step B drugs will be approved only after member has tried/failed a 30-day supply of a generic statin, or if member needs >50% LDL reduction to reach goal.

TOPICAL IMMUNOMODULATORS

CATEGORY A: Approved for all members:
Any topical corticosteroid

CATEGORY B: Only after failure with
Category A medication:
PROTOPIC®

CATEGORY C: Only after failure with
Category A & B medications:
ELIDEL®

TRIPTANS (MIGRAINE)

CATEGORY A: Approved for all members:
generic sumatriptan tablets

CATEGORY B: Only after failure with
Category A medication:
generic naratriptan
MAXALT®/MAXALT-MLT®
ZOMIG®/ZOMIG-ZMT® tablets

CATEGORY C: Only after failure with
Category A & B medications:
AMERGE® (**Brand**)
AXERT®
FROVA®
IMITREX® tablets (**Brand**)
RELPAX®

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A Dohmen Company

800-248-1062 www.restat.com

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