



Prior Authorization Approval Criteria Step Therapy Medications

Criteria for use (required for all below medications):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient’s medical record
 - Step therapy drugs must be used for at least 4 weeks and failed unless otherwise stated
- Or
- Patient was intolerant to step therapy drugs.

Drug	Step Therapy	Special Notes
Crestor (rosuvastatin)	Simvastatin and Lipitor	
Livalo (pitavastatin)	Simvastatin and Lipitor	
Antara (Fenofibrate, Micronized)	Generic fenofibrate and gemfibrozil	
Tricor (fenofibrate)	Generic fenofibrate and gemfibrozil	
Beconase AQ (beclomethasone)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Flonase (fluticasone)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Nasacort AQ (triamcinolone)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Omnaris (ciclesonide)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Rhinocort AQ (budesonide)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Veramyst (fluticasone)	Generic flunisolide and fluticasone	Step therapy drugs used for at least 2 weeks and failed
Januvia (sitagliptan)	2 different antidiabetics (metformin, insulin, sulfonylureas, TZD’s)	
Janumet (sitagliptan/metformin)	2 different antidiabetics (metformin, insulin, sulfonylureas, TZD’s)	
Onglyza (saxagliptan)	2 different antidiabetics (metformin, insulin, sulfonylureas, TZD’s)	
Kombiglyze (saxagliptan/metformin)	2 different antidiabetics (metformin, insulin, sulfonylureas, TZD’s)	
Tradjenta (linagliptin)	2 different antidiabetics (metformin, insulin, sulfonylureas, TZD’s)	
Myfortic 180mg and 360mg (mycophenolate)	Generic Cellcept 250mg and 500mg (mycophenolate)	

Drug	Step Therapy	Special Notes
Non-Preferred Blood Glucose Test Strips	A Lifescan Test Strip product (includes the One Touch family of products)	Must have a valid medical reason why a Lifescan product (meter/strips) can not be used
Lumigan (bimatoprost)	Generic latanoprost	
Travatan (travoprost)	Generic latanoprost	
Xalatan (latanoprost)	Generic latanoprost	

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 04/28/11, updated 06/08/11, 09/07/11