

Step Therapy Group Desc	Drugs Name	Step Therapy Criteria
ADVAIR	ADVAIR DISKUS	PRIOR USE OF FORMULARY ORAL INHALED CORTICOSTEROIDS OR ADVAIR OR SYMBICORT OR SINGULAIR IN THE LAST 180 DAYS
ALLEGRA	ALLEGRA	PRIOR USE OF OTC LORATADINE, LORATADINE, OTC CERTRIZINE OR CERTIRIZINE WITHIN THE LAST 180 DAYS
ANTIDIABETICS	JANUMET JANUVIA	PRIOR USE OF METFORMIN, THIAZOLIDINEDIONES AND /OR COMBINATIONS OR INSULINS IN LAST 120 DAYS
BENICAR	BENICAR	PRIOR USE OF ACE INHIBITOR OR ARB IN THE LAST 120 DAYS.
BENICAR HCT	BENICAR HCT	PRIOR USE OF ACE INHIBITOR OR ARB IN THE LAST 120 DAYS
CRESTOR	CRESTOR	REQUIRES PRIOR USE OF FORMULARY STATIN (SIMVASTATIN, LOVASTATIN OR FLUVASTATIN) WITHIN THE LAST 180 DAYS
EFFEXOR	VENLAFAXINE HCL	REQUIRES PRIOR USE OF FORMULARY SSRI (FLUOXETINE,CITALOPRAM, SERTRALINE, PAROXETINE) IN THE LAST 120 DAYS
EFFEXOR XR	EFFEXOR XR	REQUIRES PRIOR USE OF FORMULARY SSRI (FLUOXETINE,CITALOPRAM, SERTRALINE, PAROXETINE) IN THE LAST 120 DAYS
PATANOL	PATADAY PATANOL	PRIOR USE OF OTC KETOTIFEN, DICLOFENAC EYE DROPS, BROMFENAC EYE DROPS, CROMOLYN OR OLOPATADINE EYE DROPS WITHIN LAST 120 DAYS.
SYMBICORT	SYMBICORT	PRIOR USE OF FORMULARY ORAL INHALED CORTICOSTEROIDS OR ADVAIR OR SYMBICORT OR SINGULAIR IN THE LAST 180 DAYS
ZETIA	ZETIA	REQUIRES PRIOR USE OF FORMULARY STATIN, ATORVASTATIN, ZETIA OR VYTORIN IN THE LAST 120 DAYS