

FlexRx Standard Step Therapy Drug List



How the program works

You will need to try a drug in the alternative drug column before getting a drug that is subject to step therapy. If your physician feels that an alternative drug is not right for you, your physician must submit a step-therapy override request.

How to use the drug list

Generic drugs are listed in lowercase (e.g., bupropion).

Brand drugs are capitalized (e.g., APLENZIN).

Category Name	Drugs Subject to Step Therapy • (P) = Preferred • (NP) = Non-preferred	Date Drug Subject to Step Therapy	Alternative Drugs on the FlexRx Formulary
Antidepressants -- Used to treat depression	APLENZIN (NP)	1/1/2010	bupropion
	CELEXA (NP)	1/1/2010	bupropion ext-release
	CYMBALTA (NP)	1/1/2010	citalopram
	EFFEXOR (NP)	1/1/2010	fluoxetine
	EFFEXOR XR (NP)	1/1/2010	mirtazapine
	LEXAPRO (NP)	1/1/2010	paroxetine
	LUVOX CR (NP)	1/1/2010	paroxetine ext-release
	PAXIL (NP)	1/1/2010	sertraline
	PAXIL CR 37.5 mg (P)	1/1/2010	venlafaxine
	PAXIL CR (except 37.5 mg) (NP)	1/1/2010	venlafaxine ext-release (except for 225 mg)
	PAROXETINE CR 37.5 mg (NP)	1/1/2010	
	PEXEVA (NP)	1/1/2010	
	PRISTIQ (NP)	1/1/2010	Additional options for CYMBALTA only:
	PROZAC (NP)	1/1/2010	amitriptyline
	RAPIFLUX (NP)	1/1/2010	desipramine
	REMERON (NP)	1/1/2010	gabapentin
	REMERON SOLTAB (NP)	1/1/2010	imipramine
	VENLAFAXINE ext-release 225 mg (P)	4/1/2011	nortriptyline
	WELLBUTRIN (NP)	1/1/2010	
	WELLBUTRIN SR (NP)	1/1/2010	
WELLBUTRIN XL (NP)	1/1/2010		
ZOLOFT (NP)	1/1/2010		
Cholesterol Lowering-Statins (Lipid Management)	ADVICOR (NP)	1/1/2010	lovastatin
	ALTOPREV (NP)	1/1/2010	pravastatin
	CRESTOR (P)	1/1/2010	simvastatin
	LESCOL (NP)	1/1/2010	
	LESCOL XL (NP)	1/1/2010	
	LIPITOR (NP)	1/1/2010	
	LIVALO (NP)	1/1/2011	
	MEVACOR (NP)	1/1/2010	
	PRAVACHOL (NP)	1/1/2010	
	SIMCOR (NP)	1/1/2010	
	VYTORIN (NP)	1/1/2010	
	ZOCOR (NP)	1/1/2010	

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Diabetic Meters and Strips	All products other than the Accu- Chek and Ascensia lines	1/1/2010	ACCU-CHEK ACTIVE ACCU-CHEK ADVANTAGE ACCU-CHEK AVIVA ACCU-CHEK COMFORT CURVE ACCU-CHEK COMPACT ACCU-CHEK INSTANT ASCENSIA AUTODISC ASCENSIA BREEZE / BREEZE 2 ASCENSIA CONTOUR ASCENSIA ELITE / ELITE XL
Growth Hormone	GENOTROPIN (NP) HUMATROPE (NP) NORDITROPIN (NP) NUTROPIN/ NUTROPIN AQ (NP) SAIZEN (NP) SEROSTIM (NP) TEV-TROPIN (NP) ZORBTIVE (NP)	4/1/2011 4/1/2011 4/1/2011 4/1/2011 4/1/2011 4/1/2011 4/1/2011 4/1/2011	OMNITROPE
Makena -- Quantity limits may apply	MAKENA (NP)	10/1/2011	hydroxyprogesterone caproate
Proton Pump Inhibitors -- Used to reduce production of stomach acid -- Quantity limits may apply	ACIPHEX (NP) DEXILANT (NP) NEXIUM (P) PREVACID (NP) PRILOSEC (NP) PROTONIX packets (P) PROTONIX TABS (NP) ZEGERID (NP)	1/1/2011 1/1/2009 1/1/2011 1/1/2010 1/1/2010 1/1/2010 1/1/2010 1/1/2010	lansoprazole omeprazole pantoprazole OMEPRAZOLE OTC/PRILOSEC OTC (for members with the OTC Benefit)