

Navitus Preferred Drug List
Last Updated* 10/24/2013
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| ACTONEL TAB | Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate. |
| ADRENALICK | Step Therapy requires trial of EPIPEN; QL= 2 units/ fill |
| AMITIZA | |
| ARANESP INJ. | Step Therapy requires trial of PROCRIT |
| ATELVIA TAB | Step therapy requires trial of alendronate |
| AUVI-Q INJ | Step Therapy requires trial of EPIPEN; QL= 2 units/ fill |
| BECONASE AQ | QL=2 bottles/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST or NASONEX |
| BESIVANCE OPHTH SUSP | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| BONIVA TAB 150MG | Step Therapy requires trial of alendronate; QL= 1 tab/ month |
| DESVENLAFAXINE ER | Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product |
| DEXILANT | Step Therapy requires trial of omeprazole or pantoprazole; QL= 1 cap/ day |
| DIFICID TAB | Step Therapy requires trial of VANCOCIN; QL = 20 tab/fill |
| donepezil tab 23mg | Step Therapy requires trial of donepezil 10mg; QL= 1 tab/day |
| EPINEPHRINE INJ | Step Therapy requires trial of EPIPEN; QL= 2 units/ fill |
| EXTAVIA INJ. | Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE |
| fluvoxamine er cap | Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine |
| ibandronate tab 150mg | Step Therapy requires trial of alendronate; QL= 1 tab/ month |
| INTUNIV | Step Therapy requires trial of guanfacine IR |
| JENTADUETO TAB | Step Therapy requires trial of JANUVIA or JANUMET |
| KAZANO TAB | Step Therapy requires trial of Januvia or Janumet |
| KOMBIGLYZE | Step Therapy requires trial of JANUVIA or JANUMET |
| LUNESTA | QL=1 tab/day; Step Therapy requires trial of zolpidem IR |
| LUVOX CR | Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine |
| MAXAIR AUTOHALER | Step Therapy requires trial of Ventolin |
| METROGEL 1% | Step Therapy requires trial of Finacea |
| NESINA TAB | Step Therapy requires trial of Januvia or Janumet |
| NORITATE | Step Therapy requires trial of FINACEA |
| OMNARIS | QL=2 bottles/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST or NASONEX |
| ONGLYZA | Step Therapy requires trial of JANUVIA or JANUMET |
| OSENI TAB | Step Therapy requires trial of Januvia or Janumet |
| PANCRELIPASE | Step Therapy requires trial of CREON and PANCREAZE |
| PENTASA CAP | Step Therapy requires trial of ASACOL (HD), LIALDA or DELZICOL |
| PERTZYE CAP | Step Therapy requires trial of CREON or PANCREAZE |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Navitus Preferred Drug List Cont.

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Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------|------------------------------------------------------------------------------------------------------------------------|
| PEXEVA | Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine |
| PRISTIQ | Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product |
| QNASL | QL=2 bottles/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX |
| RHINOCORT AQUA | QL=2 bottles/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX |
| TRACLEER TAB | Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828) |
| TRADJENTA TAB | Step Therapy requires trial of JANUVIA |
| TWINJECT | Step Therapy requires trial of EPIPEN; QL= 2 units/ fill |
| ULORIC | Step Therapy requires failure of allopurinol. |
| vancomycin cap | Step Therapy requires trial of metronidazole; QL= 56 cap/ fill |
| VIRAMUNE XR | Step Therapy requires trial of nevirapine |
| XOPENEX HFA | Step Therapy requires trial of VENTOLIN HFA |
| ZENPEP | Step Therapy requires trial of CREON and PANCREAZE |
| ZETONNA | QL=2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, NASONEX, VERAMYST |
| ZIOPTAN | QL=30 vials/30 days; Step Therapy requires trial of latanoprost |
| ZYMAXID 0.5% OPHTH SOLN | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |

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