

**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**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
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**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
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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