

GenRx 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., benazepril).
Brand drugs are capitalized (e.g., ACCUPRIL).

Category Name	Drugs Subject to Step Therapy • (P) = Preferred • (NP) = Non-preferred	Date Drug Subject to Step Therapy	Alternative Drugs on the GenRx Formulary
Angiotensin Converting Enzyme (ACE) Inhibitors, Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations -- Used to treat high blood pressure	ACCUPRIL (NP)	10/1/2008	amlodipine/benazepril
	ACCURETIC (NP)	10/1/2008	benazepril
	ACEON (NP)	10/1/2008	benazepril + hctz
	ALTACE (NP)	10/1/2008	captopril
	AMTURNIDE (NP)	4/1/2011	captopril + hctz
	ATACAND, ATACAND HCT (NP)	10/1/2008	enalapril
	AVAPRO (NP)	10/1/2008	enalapril + hctz
	AVALIDE (NP)	10/1/2008	fosinopril
	AZOR (NP)	7/1/2009	fosinopril + hctz
	BENICAR, BENICAR HCT (NP)	10/1/2008	lisinopril
	CAPOTEN (NP)	10/1/2008	lisinopril + hctz
	CAPOZIDE (NP)	10/1/2008	losartan
	COZAAR (NP)	10/1/2010	losartan + hctz
	DIOVAN, DIOVAN HCT (NP)	10/1/2008	moexipril
	EXFORGE, EXFORGE HCT (NP)	1/1/2010	moexipril + hctz
	HYZAAR (NP)	10/1/2010	quinapril
	LEXXEL (NP)	10/1/2008	quinapril + hctz
	LOTENSIN, LOTENSIN HCT (NP)	10/1/2008	ramipril capsules
	LOTREL (NP)	10/1/2008	trandolapril
	MAVIK (NP)	10/1/2008	
	MICARDIS, MICARDIS HCT (NP)	10/1/2008	
	MONOPRIL, MONOPRIL HCT (NP)	10/1/2008	
	PRINVIL (NP)	10/1/2008	
	PRINZIDE (NP)	10/1/2008	
	TARKA (NP)	10/1/2008	
	TEKAMLO (NP)	4/1/2011	
	TEKTURNA, TEKTURNA HCT (NP)	4/1/2011	
	TEVETEN, TEVETEN HCT (NP)	10/1/2008	
	TWYNSTA (NP)	1/1/2010	
	UNIRETIC (NP)	10/1/2008	
	UNIVASC (NP)	10/1/2008	
	VALTURNA (NP)	1/1/2010	
	VASOTEC (NP)	10/1/2008	
	VASERETIC (NP)	10/1/2008	
ZESTRIL (NP)	10/1/2008		
ZESTORETIC (NP)	10/1/2008		

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Atopic Dermatitis	ELIDEL (P) PROTOPIC (NP)	10/1/2008 10/1/2008	Any topical corticosteroid or corticosteroid combination product. Examples include: triamcinolone, mometasone, hydrocortisone, betamethasone, desonide
Atypical Antipsychotics -- Quantity limits may apply	ABILIFY (NP) ABILIFY DISCMELT (NP) CLOZARIL (NP) FAZACLO (NP) FANAPT (NP) GEODON (NP) INVEGA (NP) INVEGA SUSTENNA (NP) LATUDA (NP) RISPERDAL (NP) RISPERDAL M-TAB (NP) RISPERDAL CONSTA (NP) SAPHRIS (NP) SEROQUEL (P) SEROQUEL XR (P) ZYPREXA (NP) ZYPREXA ZYDIS (NP)	10/1/2008 10/1/2008 10/1/2008 10/1/2008 6/1/2010 10/1/2008 10/1/2008 6/1/2010 10/1/2011 10/1/2008 10/1/2008 10/1/2008 6/1/2010 10/1/2008 10/1/2008 10/1/2008 10/1/2008	clozapine risperidone
Biological Immunomodulators/ Rheumatoid arthritis/Psoriasis/ Crohn's Disease	AMEVIVE (NP) CIMZIA (NP) ENBREL (NP) HUMIRA (P) KINERET (NP) ORENICA (NP) REMICADE (NP) SIMPONI (NP) STELARA (NP)	5/1/2010 12/1/2009 4/1/2011 4/1/2011 10/1/2008 5/1/2010 5/1/2010 12/1/2009 12/1/2009	For HUMIRA: Rheumatoid Arthritis: methotrexate leflunomide Psoriasis: topical corticosteroids TAZORAC cyclosporine calcipotriene methotrexate Crohn's Disease (HUMIRA ONLY) azathioprine balsalazide cyclosporine ENTOCORT EC mercaptopurine methotrexate sulfasalazine For AMEVIVE, CIMZIA, KINERET, ORENICA, REMICADE, SIMPONI, STELARA: First line agents as noted above and HUMIRA

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Cholesterol Lowering-Statins (Lipid Management)	ADVICOR (NP) ALTOPREV (NP) CRESTOR 40 mg (P) CRESTOR, all other strengths (NP) LESCOL (NP) LESCOL XL (NP) LIPITOR (NP) LIVALO (NP) MEVACOR (NP) PRAVACHOL (NP) SIMCOR (NP) VYTORIN (NP) ZOCOR (NP)	10/1/2008 10/1/2008 10/1/2008 10/1/2008 10/1/2008 10/1/2008 10/1/2008 1/1/2011 10/1/2008 10/1/2008 10/1/2008 10/1/2008 10/1/2008	lovastatin pravastatin simvastatin
Cox-2 Inhibitor -- Used for pain management	CELEBREX (NP)	10/1/2008	diclofenac etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac meloxicam nabumetone naproxen oxaprozin piroxicam sulindac AND, one of the following: lansoprazole misoprostol omeprazole pantoprazole
DPP-4 Inhibitors -- Used to treat diabetes	JANUVIA (P) JANUMET (P) ONGLYZA (NP) KOMBIGLYZE XR (NP)	4/1/2011 4/1/2011 4/1/2011 4/1/2011	For JANUVIA/JANUMET: glimepiride glipizide glipizide ext-release glipizide/metformin glyburide glyburide micronized glyburide/metformin LANTUS metformin metformin ext-release NOVOLIN NOVOLOG For ONGLYZA/KOMBILGLYZE XR All above except: LANTUS NOVOLIN NOVOLOG

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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
Leukotriene Modifiers -- Used to treat asthma and allergies	ACCOLATE 10mg (NP) ACCOLATE 20mg (NP) SINGULAIR 10 mg (P) SINGULAIR 4 mg, 5 mg (P) zarfirlukast (P) ZYFLO (NP) ZYFLO CR (NP)	11/1/2010 10/1/2008 10/1/2008 11/1/2010 10/1/2011 10/1/2008 10/1/2008	For SINGULAIR: ASMANEX fexofenadine flunisolide fluticasone PULMICORT RESPULES SYMBICORT For members with the OTC Benefit: cetirizine cetirizine/pseudoephedrine loratadine loratadine/pseudoephedrine For ACCOLATE, ZYFLO and ZYFLO CR: ASMANEX PULMICORT RESPULES
Makena -- Quantity limits may apply	MAKENA (NP)	10/1/2011	hypdroxyprogesterone caproate
Oxycodone (Pain Management) -- Quantity limits may apply	OXYCONTIN (P)	10/1/2008	morphine extended-release
Proton Pump Inhibitors -- Used to reduce production of stomach acid -- Quantity limits may apply	ACIPHEX (NP) DEXILANT (NP) NEXIUM (NP) omeprazole/sodium bicarbonate (NP) PREVACID (NP) PRILOSEC (NP) PROTONIX (NP) ZEGERID (NP)	10/1/2008 10/1/2008 10/1/2008 7/1/2010 10/1/2008 10/1/2008 10/1/2008 10/1/2008	lansoprazole omeprazole pantoprazole PRILOSEC OTC / OMEPRAZOLE OTC (For members with the OTC Benefit)