



**MEDICARE PLUS
MEDICARE PART D FORMULARY
STEP EDIT RESTRICTIONS**

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

SUMMARY

ACLIDINIUM	3
ALPHA 1-PROTEINASE INHIBITOR	4
ANALGESICS, NARCOTICS	5
ANTIBACTERIALS (EENT)	6
ANTIDIABETIC AGENTS – INSULINS	7
ANTIDIABETIC AGENTS – MISCELLANEOUS	8
ANTI-INFLAMMATORY AGENTS – GI	9
ANTIPSYCHOTIC AGENTS*	10
ANTIULCER AGENTS	11
ARIPIRAZOLE*	12
B VERSUS D ADMINISTRATIVE STEP	14
BUDESONIDE-FORMOTEROL FUMARATE	13
COPD	15
GABAPENTIN SR	16
GLP-1 ANALOGS	17
HYPERURICEMIC AGENTS	18
KETOLIDES	19
MULTIPLE SCLEROSIS AGENTS	20
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	21
OPHTHALMIC ANTIHISTAMINES	22
ORAL INHALED CORTICOSTEROIDS	23
QUETIAPINE FUMARATE EXTENDED RELEASE *	24
RENIN ANGIOTENSIN SYSTEM INHIBITORS	25
ROTIGOTINE	27
TRAZODONE, EXTENDED RELEASE*	29

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ACLIDINIUM

¹ Drug is not available on closed formularies. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Acclidinium ¹	Tudorza ¹

STEP EDIT DESCRIPTION

Prior claim for Spiriva within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 11/2012
Client Approved:

Last Reviewed: 11/12
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ALPHA 1-PROTEINASE INHIBITOR

¹ Drug is not available on closed formularies. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Alpha 1-Proteinase Inhibitor ¹	Glassia ¹

STEP EDIT DESCRIPTION

Prior claim for Aralast NP, Prolastin, Prolastin C, or Zemaira within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 10/2010
Client Approved:

Last Reviewed: 11/11
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ANALGESICS, NARCOTICS

¹ Drug is not available on closed formularies. Use formulary alternative.

³ Multisource Brand (MSB) is not available on closed formularies.

Plus Closed Formulary

Generic Name	Brand Name
Morphine sulfate, 24-hour capsule	Morphine sulfate, 24-hour capsule, Kadian ³

Plus Open Formulary

Generic Name	Brand Name
Morphine sulfate, 24-hour capsule	Morphine sulfate, 24-hour capsule, Kadian ³
Morphine sulfate, CPMP 24-hour capsule ¹	Avinza ¹

STEP EDIT DESCRIPTION

Prior claim for morphine sulfate sustained action tablet (MS Contin) within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 11/09/05
Client Approval:

Last Reviewed: 02/10
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
ANTIBACTERIALS (EENT)**

²Drug is not available on P1TC formulary. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Besifloxacin ²	Besivance ²

STEP EDIT DESCRIPTION

Prior claim for ciprofloxacin ophthalmic drops or ofloxacin ophthalmic drops within the last 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 07/2009
Client Approval:

Last Reviewed: 08/09
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ANTIDIABETIC AGENTS – INSULINS

Generic Name	Brand Name
Insulin Detemir	Levemir

STEP EDIT DESCRIPTION

Prior claim for Insulin Glargine (Lantus or Lantus Solostar) within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 02/2011
Client Approved:

Last Reviewed: 02/11
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ANTIDIABETIC AGENTS – MISCELLANEOUS

Generic Name	Brand Name
Canagliflozin	Invokana

STEP EDIT DESCRIPTION

Prior claim for metformin, metformin ER, a sulfonylurea, a combination of sulfonylurea and metformin, pioglitazone, or combination pioglitazone and metformin within the past 120 days.

Part D Effective: 07/01/13
Commercial Effective:

Created: 05/13
Client Approved:

Last Reviewed: 05/13
P&T Approval: 05/13

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ANTI-INFLAMMATORY AGENTS – GI

¹ Drug is not available on closed formularies. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Mesalamine ¹	Delzicol ¹

STEP EDIT DESCRIPTION

Prior claim for balsalazide or Apriso within the past 120 days.

Part D Effective: 07/01/13
Commercial Effective:

Created: 05/13
Client Approved:

Last Reviewed: 05/13
P&T Approval: 05/13

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ANTIPSYCHOTIC AGENTS*

*** This step therapy will apply to NEW STARTS ONLY and will not affect stabilized members**

Generic Name	Brand Name
Asenapine Maleate	Saphris
Clozapine (rapid tab)	FazaClo
Iloperidone	Fanapt
Lurasidone HCl	Latuda
Paliperidone	Invega

STEP EDIT DESCRIPTION

Prior claim for a generic antipsychotic such as risperidone tablet, risperidone disintegrating tablet, clozapine tablet, clozapine oral disintegrating tablet, olanzapine tablet, olanzapine oral disintegrating tablet, immediate release quetiapine fumarate, or ziprasidone, and Abilify within the past 365 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 01/11
Client Approval:

Last Reviewed: 02/11
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
ANTIULCER AGENTS**

¹ Drug is not available on closed formularies. Use formulary alternative.

³ Brand is not available on closed formularies.

Plus Closed Formulary

Generic Name	Brand Name
Lansoprazole	Lansoprazole (Prevacid ³ , Prevacid Solutab ³)

Plus Open Formulary

Generic Name	Brand Name
Dexlansoprazole	Dexilant
Esomeprazole Mag Trihydrate ¹	Nexium ¹
Lansoprazole	Lansoprazole (Prevacid ³ , Prevacid Solutab ³)

STEP EDIT DESCRIPTION

Prior claim for generic federal legend omeprazole or pantoprazole within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 04/2010
Client Approval:

Last Reviewed: 04/10
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ARIPIRAZOLE*

*** This step therapy will apply to NEW STARTS ONLY and will not affect stabilized members**

Generics Name	Brand Name
Aripiprazole	Abilify, Abilify Discmelt

STEP EDIT DESCRIPTION

Prior claim for a generic atypical antipsychotic such as risperidone tablet, risperidone disintegrating tablet, clozapine tablet, clozapine oral disintegrating tablet, olanzapine tablet, olanzapine oral disintegrating tablet, immediate release quetiapine fumarate, or ziprasidone or an SSRI or SNRI such as citalopram, fluoxetine, paroxetine, sertraline, or venlafaxine within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 03/12
Client Approval:

Last Reviewed: 4/12
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

BUDESONIDE-FORMOTEROL FUMARATE

² Drug is not available on P1TC formulary. Use formulary alternative.

Generic Name	Brand Name
Budesonide/Formoterol Fumarate ²	Symbicort ²

STEP EDIT DESCRIPTION

Prior claim for Advair or Dulera within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 03/12
Client Approval:

Last Reviewed: 4/12
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

B VERSUS D ADMINISTRATIVE STEP

³ Brand is not available on closed formularies.

Generic Name	Brand Name
Cyclophosphamide (Oral)	Cyclophosphamide (Oral)
Methotrexate (Oral)	Rheumatrex ³ (Oral), Trexall

STEP EDIT DESCRIPTION

Prior claim for a rheumatoid arthritis drug within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 09/2005
Client Approval:

Last Reviewed:
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

COPD

Generic Name	Brand Name
Roflumilast	Daliresp

STEP EDIT DESCRIPTION

Prior claim for one COPD agent (LAMA, LABA, SAMA, SAMA/SABA such as Atrovent, Combivent, Spiriva, Arcapta, Serevent, or Foradil within the last 120 days.

Part D Effective: 01/01/13

Created: 05/2011

Last Reviewed: 05/11

Commercial Effective:

Client Approval:

P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

GABAPENTIN SR

¹ Drug is not available on closed formularies. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Gabapentin ¹	Gralise ¹

STEP EDIT DESCRIPTION

Prior claim for Lyrica in the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 11/2011
Client Approval:

Last Reviewed: 11/11
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

GLP-1 ANALOGS

Generic Name	Brand Name
Exenatide	Byetta
Exenatide Microspheres	Bydureon

STEP EDIT DESCRIPTION

Prior claim for either metformin, metformin ER, a sulfonylurea agent (e.g. glyburide, glipizide), combination of a sulfonylurea and metformin, a thiazolidinedione (e.g. pioglitazone, rosiglitazone), or a combination thiazolidinedione and metformin within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 03/2012
Client Approval:

Last Reviewed: 04/12
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
HYPERURICEMIC AGENTS**

Generic Name	Brand Name
Febuxostat	Uloric

STEP EDIT DESCRIPTION

Prior claim for allopurinol or colchicine within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 04/2009
Client Approval:

Last Reviewed: 04/09
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

KETOLIDES

Generic Name	Brand Name
Telithromycin	Ketek

STEP EDIT DESCRIPTION

Prior claim for a macrolide within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 09/2005
Client Approval:

Last Reviewed:
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS**

Generic Name	Brand Name
Interferon Beta-1A	Avonex
Interferon Beta-1B	Betaseron
Interferon Beta-1B	Extavia

STEP EDIT DESCRIPTION

Prior claim for Rebif (Interferon Beta-1A) or Copaxone (Glatiramer Acetate) within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 04/2010
Client Approval:

Last Reviewed: 04/10
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE

Generic Name	Brand Name
Celecoxib	Celebrex

STEP EDIT DESCRIPTION

Prior claim for one oral non-steroidal anti-inflammatory agent within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 09/2005
Client Approval:

Last Reviewed:
P&T Approval:11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
OPHTHALMIC ANTIHISTAMINES**

¹ Branded drug with generic formulary alternative and/or drug is not available on closed formularies. Use formulary alternative.

² Drug is not available on P1TC formulary. Use formulary alternative.

³ Brand is not available on closed formularies.

Plus Closed Formulary

Generic Name	Brand Name
Bepotastine Besilate ²	Bepreve ²
Olopatadine	Patanol, Pataday

Plus Open Formulary

Generic Name	Brand Name
Alcaftadine ^{1,2}	Lastacast ^{1,2}
Bepotastine Besilate ²	Bepreve ²
Emedastine Difumarate ^{1, 2}	Emadine ^{1,2}
Epinastine HCl	Elestat ³
Olopatadine	Patanol, Pataday

STEP EDIT DESCRIPTION

For plans that cover OTC: Prior claim for OTC loratadine, loratadine D, cetirizine, cetirizine D, or generic ketotifen eye drops (Alaway) or prescription levocetirizine, or cromolyn sodium eye drops within the past 120 days.

For plans that do not cover OTC: Prior claim for levocetirizine, or cromolyn sodium eye drops within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 02/2008
Client Approval:

Last Reviewed: 05/09
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ORAL INHALED CORTICOSTEROIDS

¹ Drug is not available on closed formularies. Use formulary alternative.

Plus Open Formulary

Generic Name	Brand Name
Budesonide ¹	Pulmicort ¹

STEP EDIT DESCRIPTION

Prior claim for QVAR within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 09/2005
Client Approval:

Last Reviewed: 3/08
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

QUETIAPINE FUMARATE EXTENDED RELEASE *

*** This step therapy will apply to NEW STARTS ONLY and will not affect stabilized members**

Generic Name	Brand Name
Quetiapine Fumarate	Seroquel XR

STEP EDIT DESCRIPTION

Prior claim for a generic atypical antipsychotic such as risperidone tablet, risperidone disintegrating tablet, clozapine tablet, clozapine oral disintegrating tablet, olanzapine tablet, olanzapine oral disintegrating tablet, immediate release quetiapine fumarate, or ziprasidone or an SSRI or SNRI such as citalopram, fluoxetine, paroxetine, sertraline, or venlafaxine and Abilify within the past 365 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 03/12
Client Approval:

Last Reviewed:
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

RENIN ANGIOTENSIN SYSTEM INHIBITORS

¹ Branded drug with generic formulary alternative and/or drug is not available on closed formularies. Use formulary alternative.

² Drug is not available on P1TC formulary. Use formulary alternative.

Plus Closed Formulary

Generic Name	Brand Name
Aliskiren Hemifumarate ²	Tekturna ²
Aliskiren/Amlodipine ²	Tekamlo ²
Aliskiren/Amlodipine/HCTZ ²	Amturnide ²
Aliskiren/Hydrochlorothiazide ²	Tekturna HCT ²
Amlodipine Bes/Olmesartan Med	Azor
Amlodipine/Valsartan	Exforge
Amlodipine/Valsartan/HCTZ	Exforge HCT
Eprosartan Mesylate	Teveten ²
Eprosartan/Hydrochlorothiazide ²	Teveten HCT ²
Olmesartan Med/Amlodipine/HCTZ	Tribenzor
Olmesartan Medoxomil	Benicar
Olmesartan/Hydrochlorothiazide	Benicar HCT
Telmisartan ²	Micardis ²
Telmisartan/Amlodipine ^{1,2}	Twynsta ^{1,2}
Telmisartan/Hydrochlorothiazide ²	Micardis HCT ²
Valsartan	Diovan

Plus Open Formulary

Generic Name	Brand Name
Aliskiren Hemifumarate ²	Tekturna ²
Aliskiren/Amlodipine ²	Tekamlo ²
Aliskiren/Amlodipine/HCTZ ²	Amturnide ²
Aliskiren/Hydrochlorothiazide ²	Tekturna HCT ²
Amlodipine Bes/Olmesartan Med	Azor
Amlodipine/Valsartan	Exforge
Amlodipine/Valsartan/HCTZ	Exforge HCT
Azilsartan	Edarbi
Azilsartan/Chlorthalidone	Edarbyclor
Candesartan Cilexetil	Atacand
Candesartan/Hydrochlorothiazide	Atacand HCT
Eprosartan Mesylate	Teveten ²

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

Plus Open Formulary table continued	
Generic Name	Brand Name
Eprosartan/Hydrochlorothiazide ²	Teveten HCT ²
Irbesartan	Avapro
Irbesartan/Hydrochlorothiazide	Avalide
Olmesartan Med/Amlodipine/HCTZ	Tribenzor
Olmesartan Medoxomil	Benicar
Olmesartan/Hydrochlorothiazide	Benicar HCT
Telmisartan ²	Micardis ²
Telmisartan/Amlodipine ^{1,2}	Twynsta ^{1,2}
Telmisartan/Hydrochlorothiazide ²	Micardis HCT ²
Valsartan	Diovan
Valsartan/Hydrochlorothiazide	Diovan HCT

STEP EDIT DESCRIPTION

Prior claim for an angiotensin converting enzyme inhibitor (ACE inhibitor), or ACE inhibitor combination, or a generic angiotensin receptor blocker (ARB), or generic ARB combination within the past 120 days.

Part D Effective: 05/01/13
Commercial Effective:

Created: 04/2010
Client Approval:

Last Reviewed: 04/10
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS**

ROTIGOTINE

Generic Name	Brand Name
Rotigotine	Neupro

STEP EDIT DESCRIPTION

Prior claim for immediate release pramipexole or immediate release ropinirole within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 11/2012
Client Approval:

Last Reviewed: 11/12
P&T Approval: 11/12

**MEDCARE PLUS
STEP EDIT RESTRICTIONS
TRAZODONE, EXTENDED RELEASE***

¹ Drug is not available on closed formularies. Use formulary alternative.

*** This step therapy will apply to NEW STARTS ONLY and will not affect stabilized members**

Plus Open Formulary

Generic Name	Brand Name
Trazodone (24 Hour Tablet) ¹	Oleptro ER ¹

STEP EDIT DESCRIPTION

Prior claim for generic immediate release trazodone tablets within the past 120 days.

Part D Effective: 01/01/13
Commercial Effective:

Created: 06/30/10
Client Approval:

Last Reviewed: 08/10
P&T Review: 11/12