

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
ACTOPLUS MET TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
ACTOPLUS MET XR TAB 15-1000MG	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the</p>

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Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			<p>patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
<p>ACTOPLUS MET XR TAB 30-1000MG</p>	<p>2</p>	<p>PREFERRED BRAND</p>	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of</p>

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Last Updated 02/01/2012

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			metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.
ACTOS TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.

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2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

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Last Updated 02/01/2012

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AMTURNIDE TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril-hydrochlorothiazide, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.</p>
AVANDAMET TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction.</p>

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			<p>Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
AVANDARYL TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has</p>

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Last Updated 02/01/2012

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			chronic metabolic acidosis.
AVANDIA TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
AVANDIA TAB 8MG	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing</p>

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			<p>combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
BONIVA TAB 150MG	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alendronate Sodium. Step 2 Drug(s): Boniva. Authorization may be given for Boniva, if the patient has tried alendronate sodium (brand or generic).</p>
CELEBREX CAP	2	PREFERRED BRAND	<p>If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Diclofenac Potassium, Diclofenac Sodium, Etodolac, Fenoprofen Calcium, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium. Step 2 Drug(s): Celebrex. Authorization for Celebrex may be given if the patient has tried two oral prescription strength NSAIDs (brand or generic) for the current condition. This step therapy program will exclude participants with a claims history of warfarin</p>

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Last Updated 02/01/2012

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			(Coumadin) within the last 130 days. Authorization for Celebrex may be given for patients who are currently taking chronic systemic corticosteroid therapy, warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), chronic aspirin therapy, or low molecular weight heparins.
COMBIGAN OPHTH SOLN.	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Betaxolol Hcl, Carteolol Hcl, Dorzolamide-timolol, Levobunolol Hcl, Metipranolol, Timolol Maleate. Step 2 Drug(s): Combigan.
CRESTOR TAB 5MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor 5 mg, Vytorin 10/10 mg. Authorization may be given for a step 2 drug, if the patient has tried either lovastatin (brand or generic), pravastatin sodium (brand or generic), simvastatin (brand or generic), Advicor, or Simcor. Authorization may be given for a step 2 drug, if the patient at baseline requires a documented 45% or more reduction in LDL-C to meet NCEP ATP III LDL-C goals. Authorization for Crestor may be given for patients who are receiving Crestor doses of 10 mg or more per day. Authorization for Vytorin may be given for patients who are receiving Vytorin doses of 10 mg/20 mg or more per day. Authorization for a step 2 drug will given on an individual basis for drug-drug interactions.
CYMBALTA CAP	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a

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			step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.
CYMBALTA CAP 30MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.
DIOVAN HCT TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-

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Last Updated 02/01/2012

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			Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.
DIOVAN TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.
DUETACT TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Glipizide-metformin, Glyburide-metformin Hcl, Janumet, Kombiglyze XR, Metformin Hcl, Metformin Hcl Er, Riomet. Step 2 Drug(s): Actoplus Met, Actoplus Met Xr, Actos, Avandamet, Avandaryl, Avandia, Duetact. Authorization may be given for a step 2 drug if the patient has tried metformin or a metformin-containing

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			<p>combination product in the past. Authorization may be given for a step 2 drug if the patient is already started on the requested step 2 drug. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with renal insufficiency or renal disease. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with cardiomyopathy, heart failure, unstable angina, or who have experienced a myocardial infarction. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin in patients with a condition (not already noted above) that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has hepatic impairment or is alcohol dependent. Authorization may be given for Actos, Avandia, Duetact or Avandaryl without a trial of metformin if the patient has chronic metabolic acidosis.</p>
ELIDEL CREAM	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Emollient, Clobetasol Propionate, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Elidel, Protopic. Authorization may be given for Elidel or Protopic, if the patient has tried one prescription strength topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Protopic or Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for</p>

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			<p>Protopic or Elidel may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization for Protopic may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: dyshidrotic palmar eczema, pyoderma gangrenosum, orofacial or perineal Crohn's disease, erosive pustular dermatosis, chronic cutaneous graft-vs-host disease (GVHD), chronic actinic dermatitis, allergic contact dermatitis, and bullous pemphigoid. Authorization may be given for Elidel or Protopic, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e.g., azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e.g., tetracycline, metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin). Authorization may be given for Protopic, for severe uremic pruritus if the patient has tried two other therapies for this condition (e.g., emollients, capsaicin, topical corticosteroids, ultraviolet B irradiation).</p>
ENABLEX TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er, Trospium Chloride. Step 2 Drug(s): Enablex, Sanctura XR.</p>
EXELON PATCH	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Donepezil Hcl, Galantamine Hydrobromide, Galantamine Hbr, Rivastigmine. Step 2 Drug(s): Exelon oral solution, Exelon patch. Authorization may be given for a Step 2 drug if the patient is currently taking (or has taken in the past) the requested agent. Authorization for Exelon Patch may be given if the patient has difficulty swallowing or cannot swallow. This step therapy program applies to new</p>

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			utilizers only.
EXELON SOLN.	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Donepezil Hcl, Galantamine Hydrobromide, Galantamine Hbr, Rivastigmine. Step 2 Drug(s): Exelon oral solution, Exelon patch. Authorization may be given for a Step 2 drug if the patient is currently taking (or has taken in the past) the requested agent. Authorization for Exelon Patch may be given if the patient has difficulty swallowing or cannot swallow. This step therapy program applies to new utilizers only.
EXFORGE HCT TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.
EXFORGE TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate,

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H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.
LIPITOR TAB 40MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor 5 mg, Vytorin 10/10 mg. Authorization may be given for a step 2 drug, if the patient has tried either lovastatin (brand or generic), pravastatin sodium (brand or generic), simvastatin (brand or generic), Advicor, or Simcor. Authorization may be given for a step 2 drug, if the patient at baseline requires a documented 45% or more reduction in LDL-C to meet NCEP ATP III LDL-C goals. Authorization for Crestor may be given for patients who are receiving Crestor doses of 10 mg or more per day. Authorization for Vytorin may be given for patients who are receiving Vytorin doses of 10 mg/20 mg or more per day. Authorization for a step 2 drug will be given on an individual basis for drug-drug interactions.
LIPITOR TAB 80MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor 5 mg, Vytorin 10/10 mg. Authorization may be given for a step 2 drug, if the patient has tried either lovastatin (brand or generic), pravastatin sodium (brand or generic),

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			simvastatin (brand or generic), Advicor, or Simcor. Authorization may be given for a step 2 drug, if the patient at baseline requires a documented 45% or more reduction in LDL-C to meet NCEP ATP III LDL-C goals. Authorization for Crestor may be given for patients who are receiving Crestor doses of 10 mg or more per day. Authorization for Vytorin may be given for patients who are receiving Vytorin doses of 10 mg/20 mg or more per day. Authorization for a step 2 drug will be given on an individual basis for drug-drug interactions.
LIPOFEN CAP	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Fenofibrate. Step 2 Drug(s): Lipofen.
LYRICA CAP	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Gabapentin. Step 2 Drug(s): Lyrica. Members with a history of the following drugs within the 130 day look back period are excluded from step therapy for Lyrica. Seizure Medications - Diazepam, Felbamate, Ethotoin, Phenytoin, Succinimides, Primidone, Phenobarbital. Authorization for Lyrica, without a trial of a step 1 agent, may be given for patients with symptoms of seizure disorder. Authorization for Lyrica may be given if the patient has used gabapentin (brand or generic) for any length of time at a dose 2400 mg/day or more. Authorization for Lyrica may be given if the patient cannot tolerate gabapentin due to adverse events. Authorization for Lyrica may be given, without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia. Authorization may be given for Lyrica if the patient has symptoms of generalized anxiety disorder (GAD) and has been previously treated with two drugs from the following drug classes - tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), or buspirone. This step therapy program applies to new utilizers only.

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
MICARDIS HCT TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.</p>
MICARDIS TAB	2	PREFERRED BRAND	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.</p>

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
NEXIUM CAP 20MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium.
NEXIUM CAP 40MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium.
NEXIUM GRANULE 10MG, 20MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium.
NEXIUM GRANULE 40MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarbonate, Pantoprazole Sodium. Step 2 Drug(s): Nexium.
OPANA ER TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.
OPANA ER TAB 40MG	3	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			pregnant.
OXYCONTIN TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.
OXYCONTIN TAB 80MG	3	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Morphine sulfate. Step 2 Drug(s): Opana Er, Oxycontin. Authorization may be given for OxyContin if the patient is unable to tolerate or has a drug allergy noted with morphine sulfate. Authorization may be given for OxyContin if the patient has renal insufficiency. Authorization may be given for OxyContin if the patient is pregnant.
PRISTIQ TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.
PROTOPIC OINT.	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Alclometasone Dipropionate, Amcinonide, Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Emollient, Clobetasol Propionate, Desonide, Desoximetasone, Diflorasone Diacetate, Fluocinolone Acetonide, Fluocinonide, Fluocinonide Emollient, Fluticasone Propionate, Halobetasol Propionate, Hydrocortisone, Hydrocortisone Butyrate, Hydrocortisone Valerate, Mometasone Furoate, Prednicarbate, Triamcinolone Acetonide, Triderm. Step 2 Drug(s): Elidel, Protopic. Authorization may be given for Elidel or Protopic, if the patient has tried one prescription strength topical corticosteroid for atopic dermatitis or eczema in the previous 60 days. Authorization for Protopic or Elidel may be given for patients with a dermatologic condition on or around the eyes, eyelids or genitalia. Authorization for Protopic or Elidel may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: lichen planus, seborrheic dermatitis, chronic hand dermatitis, cutaneous lupus erythematosus or dermatomyositis or discoid lupus erythematosus, psoriasis, and vitiligo. Authorization for Protopic may be given for patients with the following conditions after a trial of a prescription strength topical corticosteroid: dyshidrotic palmar eczema, pyoderma gangrenosum, orofacial or perineal Crohn's disease, erosive pustular dermatosis, chronic cutaneous graft-vs-host disease (GVHD), chronic actinic dermatitis, allergic contact dermatitis, and bullous pemphigoid. Authorization may be given for Elidel or Protopic, for steroid-induced rosacea if the patient has tried two therapies for rosacea (e.g., azelaic acid, topical metronidazole, topical tretinoin products, oral antibiotics [e.g., tetracycline,

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP)

Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			metronidazole, doxycycline, minocycline, clarithromycin], or oral isotretinoin). Authorization may be given for Protopic, for severe uremic pruritus if the patient has tried two other therapies for this condition (e.g., emollients, capsaicin, topical corticosteroids, ultraviolet B irradiation).
ROZEREM TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Zaleplon, Zolpidem Tartrate. Step 2 Drug(s): Rozerem. Rozerem will be covered for members equal to or over the age of 65 years. For those under 65 years of age, the step therapy will apply. Authorization for Rozerem may be given if the patient has a documented history of addiction to controlled substances.
SANCTURA XR	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Oxybutynin Chloride, Oxybutynin Chloride Er, Trospium Chloride. Step 2 Drug(s): Enablex, Sanctura XR.
SAVELLA TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial

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H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			of a step 1 agent. This step therapy program applies to new utilizers only.
SAVELLA TITRATION PACK	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Rapiflux, Sertraline Hcl, Venlafaxine Hcl, Venlafaxine Hcl Er. Step 2 Drug(s): Cymbalta, Pristiq, Savella. Patients who have taken a step 2 drug at any time in the past may restart. Authorization may be given for a step 2 drug if the patient is currently taking the requested agent. Patients aged 18 years of less: approve Cymbalta or Pristiq without a trial of a step 1 agent. Symptoms of suicidal ideation: approve Cymbalta or Pristiq without a trial of a step 1 agent. Stress urinary incontinence: approve Cymbalta without a trial of a step 1 agent. Fibromyalgia: approve Cymbalta or Savella without a trial of a step 1 agent. Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis): approve Cymbalta without a trial of a step 1 agent. This step therapy program applies to new utilizers only.
STRATTERA CAP	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amphetamine Salt Combo, Dexmethylphenidate Hcl, Dextroamphetamine Sulfate, Metadate Cd, Metadate Er, Methamphetamine Hcl, Methylin, Methylin Er, Methylphenidate Hcl, Methylphenidate Sr. Step 2 Drug(s): Strattera. Authorization for a step 2 agent may be given for patients with symptoms of attention deficit hyperactivity disorder (ADHD)/attention deficit disorder (ADD) if they have previously tried a methylphenidate/dexmethylphenidate product (brand or generic) or an amphetamine product (brand or generic). Authorization for Strattera, without a trial of a step 1 agent, may be given for patients with symptoms of ADHD/ADD with a documented history of addiction to controlled substances, or with a history of seizures, or if they have symptoms of co-morbid anxiety, or they have a history of motor tics or a

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H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			family history or symptoms of Tourette's syndrome. Authorization for Strattera, without a trial of a step 1 agent, may be given for patients with symptoms of ADHD/ADD if the patient has potential contraindications to step 1 agents such as hypertension, heart failure, recent myocardial infarction, or hyperthyroidism.
TEKAMLO TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril-hydrochlorothiazide, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.
TEKTURNA HCT TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril-hydrochlorothiazide, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.
TEKTURNA TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Diovan, Diovan Hct, Enalapril Maleate, Enalapril-hydrochlorothiazide, Exforge, Exforge Hct, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-Hydrochlorothiazide, Micardis, Micardis Hct, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril, Twynsta. Step 2 Drug(s): Amturnide, Tekamlo, Tekturna, Tekturna Hct. Authorization for a step 2 drug may be given if the patient tried an angiotensin converting enzyme (ACE) inhibitor or ACE inhibitor combination product in the past. Authorization for a step 2 drug may be given if the patient tried an angiotensin receptor blocker (ARB) or ARB combination product in the past they are not required to have a trial with an ACE inhibitor.
TWYNSTA TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Amlodipine Besylate-benazepril, Benazepril Hcl, Benazepril-hydrochlorothiazide, Captopril, Captopril-hydrochlorothiazide, Enalapril Maleate, Enalapril-hydrochlorothiazide, Fosinopril Sodium, Fosinopril-hydrochlorothiazide, Lisinopril, Lisinopril-hydrochlorothiazide, Losartan Potassium, Losartan-

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
			Hydrochlorothiazide, Moexipril Hcl, Moexipril-hydrochlorothiazide, Perindopril erbumine, Quinapril Hcl, Quinapril-hydrochlorothiazide, Ramipril, Trandolapril. Step 2 Drug(s): Diovan, Diovan Hct, Exforge, Exforge Hct, Micardis, Micardis Hct, Twynsta. Authorization may be given for a Step 2 product, without a trial of a step 1 agent, if the patient was recently hospitalized and discharged within the previous 30 days for a cardiovascular event (e.g., myocardial infarction, hypertensive emergency, decompensated heart failure) and has already been started and stabilized on the agent.
ULORIC TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric. Authorization may be given for Uloric if the patient has tried allopurinol (brand or generic) at any time in the past. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).
VIIBRYD TAB	2	PREFERRED BRAND	If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Citalopram, Citalopram Hbr, Fluoxetine Dr, Fluoxetine Hcl, Fluvoxamine Maleate, Paroxetine Hcl, Paroxetine ER, Rapiflux, Sertraline Hcl. Step 2 Drug(s): Viibryd. Patients who have taken a step 2 SSRI at any time in the past and discontinued its use may receive authorization to restart the step 2 SSRI (whichever they used in the past). Authorization may be given for a step 2 SSRI if the patient is currently taking the requested agent. Authorization may be given for a step 2 drug if the patient is a child or adolescent aged 18 years or less or has suicidal ideation. This step therapy program applies to new utilizers only.

Chinese Community Health Plan is a Medicare Advantage Organization with a Medicare contract.
H0571_2012_121 CMS Approved 01272012

2012 CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP) Step Therapy Drug Requirements

Last Updated 02/01/2012

FORMULARY DRUG BRAND Drug Name <i>generic</i> Drug Name	DRUG TIER LEVEL	DRUG TIER LABEL DESCRIPTION	STEP THERAPY DESCRIPTION
VYTORIN TAB 10-10MG	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Lovastatin, Pravastatin Sodium, Simvastatin. Step 2 Drug(s): Crestor 5 mg, Vytorin 10/10 mg. Authorization may be given for a step 2 drug, if the patient has tried either lovastatin (brand or generic), pravastatin sodium (brand or generic), simvastatin (brand or generic), Advicor, or Simcor. Authorization may be given for a step 2 drug, if the patient at baseline requires a documented 45% or more reduction in LDL-C to meet NCEP ATP III LDL-C goals. Authorization for Crestor may be given for patients who are receiving Crestor doses of 10 mg or more per day. Authorization for Vytorin may be given for patients who are receiving Vytorin doses of 10 mg/20 mg or more per day. Authorization for a step 2 drug will given on an individual basis for drug-drug interactions.
WELCHOL PACK	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Cholestyramine Light, Colestipol Hcl, Prevalite. Step 2 Drug(s): Welchol. Authorization may be given for Welchol if patients have a drug-drug interaction with cholestyramine or colestipol. Authorization may be given for Welchol in patients who are pregnant. Authorization may be given for Welchol in patients with type 2 diabetes who are also using other antidiabetic agents (eg, insulin, metformin, sulfonylurea). Authorization may be given for Welchol in patients less than 18 years of age.
WELCHOL TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Cholestyramine Light, Colestipol Hcl, Prevalite. Step 2 Drug(s): Welchol. Authorization may be given for Welchol if patients have a drug-drug interaction with cholestyramine or colestipol. Authorization may be given for Welchol in patients who are pregnant. Authorization may be given for Welchol in patients with

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			type 2 diabetes who are also using other antidiabetic agents (eg, insulin, metformin, sulfonylurea). Authorization may be given for Welchol in patients less than 18 years of age.
ZETIA TAB	2	PREFERRED BRAND	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Step 1 Drug(s): Advicor, Crestor, Lovastatin, Pravastatin Sodium, Simcor, Simvastatin, Vytorin. Step 2 Drug(s): Zetia. Authorization of Zetia may be given if the patient has tried one HMG-CoA reductase inhibitor (statin) or HMG-CoA reductase inhibitor (statin) combination product or if Zetia is being initiated in combination with an HMG-CoA reductase inhibitor (statin). Authorization for Zetia may be given if the patient is taking or will be taking a medication that has a significant drug interaction with any of the HMG-CoA reductase inhibitors [statins] (eg, cyclosporine, fibrates, niacin more than 1 g/day, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, amiodarone, and verapamil). Authorization of Zetia may be given if the patient has severe renal impairment (creatinine clearance of 30 mL/minute or less). Authorization of Zetia may be given if for management of homozygous familial sitosterolemia. Authorization of Zetia may be given for use in pregnant woman. Authorization of Zetia may be given if the patient has active liver disease or unexplained persistent elevations of serum transaminases. Exceptions are NOT recommended for Zetia for use in patients with moderate or severe hepatic insufficiency. As reviewed by a pharmacist, authorization for Zetia may be given for use in patients who have been previously diagnosed with myopathy or rhabdomyolysis (either medication-related or not medication related) OR the patient has an underlying muscle/muscle-metabolism-related disorder (eg, myositis, McArdle disease).