

Educators Health Plan – Prescription Step Therapy

Pursuant to the Chapter 44 requirements, the NJ Educators Health Plan includes the addition of the Step Therapy cost containment program as part of the prescription plan.

Step Therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective, safest methods then progressing to more costly therapies if medically necessary. Step Therapy is designed especially for patients who take prescription drugs regularly to treat ongoing conditions, such as arthritis. Step Therapy groups medications into two categories and is designed to ensure that members receive their medications with both safety and cost in mind.

Express Scripts, the Prescription Benefit Manager for the SHIF, has provided the below list of the 25 most commonly prescribed drugs, based on actual medications filled by Schools Health Insurance Fund members in the last 12 months, that have a preferred, front-line medication that must be tried before stepping up to the non-preferred, back-up medication.

- **Front-line Medications**—the first step—are lower cost medications proven to be safe, effective and affordable. For many patients, these medications should be tried first because they can provide the same health benefit as more expensive medications, at a lower cost. Only your doctor can say if one is appropriate for you.
- **Back-up Medications**—the second step—are higher cost medications that generally are necessary for only a small number of patients. Back-up medications typically cost more than front-line medications.

Impacted Back-Up Medication	Preferred Front-Line Alternative
DYMISTA	FLUTICASONE PROPIONATE NASAL SPRAY, QNASL, QNASL CHILDREN'S
FLUNISOLIDE NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY, QNASL, QNASL CHILDREN'S
MOMETASONE FUROATE NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY, QNASL, QNASL CHILDREN'S
XHANCE	FLUTICASONE PROPIONATE NASAL SPRAY, QNASL, QNASL CHILDREN'S
ADDERALL XR	GENERIC STIMULANT MEDICATIONS FOR EXAMPLE: AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES, DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES, DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES, METHYLPHENIDATE EXTENDED-RELEASE CAPSULES, METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS, METHYLPHENIDATE EXTENDED-RELEASE TABLETS"
VYVANSE	"GENERIC STIMULANT MEDICATIONS FOR EXAMPLE: AMPHETAMINE/DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES, DEXMETHYLPHENIDATE EXTENDED-RELEASE CAPSULES, DEXTROAMPHETAMINE EXTENDED-RELEASE CAPSULES, METHYLPHENIDATE

	EXTENDED-RELEASE CAPSULES, METADATE ER, METHYLPHENIDATE SUSTAINED-RELEASE TABLETS, METHYLPHENIDATE EXTENDED-RELEASE TABLETS" METHYLPHENIDATE SUSTAINED-RELEASE TABLETS, METHYLPHENIDATE EXTENDED-RELEASE TABLETS"
BRAND ORAL CONTRACEPTIVES (Lo-Loestrin Fe most common)	GENERIC ORAL CONTRACEPTIVES, TRANSDERMAL XULANE
DULOXETINE 40 MG DR (GENERIC)	"REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI) SSRI: CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD SNRI: DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES"
EFFEXOR	REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI) SSRI: CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD SNRI: DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES"
FETZIMA	REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI) SSRI: CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD SNRI: DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES"
IRENKA	REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI) SSRI: CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEXEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD SNRI: DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES"

VENLAFAXINE ER (BRAND & GENERIC)	REQUIRES USE OF ANY ONE (BRAND OR GENERIC SSRI) OR (GENERIC SNRI) SSRI: CITALOPRAM TABLETS & ORAL SOLUTION (CELEXA), ESCITALOPRAM TABLETS & ORAL SOLUTION (LEXAPRO), FLUOXETINE CAPSULES/TABLETS & ORAL SOLUTION (PROZAC, SARAFEM), FLUVOXAMINE IR/ER (LUVOX CR), PAROXETINE IR/CR & ORAL SOLUTION (PAXIL, PAXIL CR), PEVEVA, SERTRALINE TABLETS & ORAL SOLUTION (ZOLOFT), TRINTELLIX (FORMERLY BRINTELLIX), VIIBRYD SNRI: DULOXETINE DR 20MG/30MG/60MG CAPSULES, VENLAFAXINE IR TABLETS, VENLAFAXINE ER CAPSULES"
JANUVIA	REQUIRES USE OF ANY ONE METFORMIN OR METFORMIN-CONTAINING PRODUCT (BRAND OR GENERIC)
CADUET	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LIVALO	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
BYSTOLIC	GENERIC BETA-BLOCKERS (I.E., ACEBUTOLOL, ATENOLOL, BETAXOLOL, BISOPROLOL, CARVEDILOL, LABETALOL, METOPROLOL SUCCINATE ER, METOPROLOL TARTRATE, NADOLOL, PINDOLOL, PROPRANOLOL, PROPRANOLOL ER, TIMOLOL) AND GENERIC BETA-BLOCKER COMBINATION PRODUCTS (I.E., ATENOLOL/CHLORTHALIDONE, BISOPROLOL/HCTZ, METOPROLOL/HCTZ, NADOLOL/BENDROFLUMETHIAZIDE, PROPRANOLOL/HCTZ)
TWYNSTA	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
DEXILANT	RULE 1: ESOMEPRAZOLE CAPSULES, LANSOPRAZOLE (RX & OTC), OMEPRAZOLE (RX & OTC), PANTOPRAZOLE, RABEPRAZOLE
ESOMEPRAZOLE GRANULES FOR ORAL SUSPENSION	RULE 1: ESOMEPRAZOLE CAPSULES, LANSOPRAZOLE (RX & OTC), OMEPRAZOLE (RX & OTC), PANTOPRAZOLE, RABEPRAZOLE
NEXIUM	RULE 1: ESOMEPRAZOLE CAPSULES, LANSOPRAZOLE (RX & OTC), OMEPRAZOLE (RX & OTC), PANTOPRAZOLE, RABEPRAZOLE
OMEPRAZOLE/SODIUM BICARBONATE (RX & OTC)	MEMBER REQUIRED TO TRY FIVE OTHER GENERICS PRIOR TO APPROVAL OF THIS PRODUCT

PRILOSEC (RX & OTC)	RULE 1: ESOMEPRAZOLE CAPSULES, LANSOPRAZOLE (RX & OTC), OMEPRAZOLE (RX & OTC), PANTOPRAZOLE, RABEPRAZOLE
CELECOXIB	DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR AND ER), DICLOFENAC SODIUM/MISOPROSTOL, ETODOLAC (IR AND ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR AND ER), KETOPROFEN (IR), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, SULINDAC, TOLMETIN"
PAXIL	REQUIRES USE OF ONE GENERIC SSRI: CITALOPRAM TABLETS & ORAL SOLUTION, ESCITALOPRAM TABLETS & ORAL SOLUTION, FLUOXETINE IR CAPSULES & ORAL SOLUTION, FLUOXETINE DR 90 MG CAPSULES, FLUVOXAMINE IR TABLETS, PAROXETINE IR TABLETS & ORAL SUSPENSION, SERTRALINE TABLETS & ORAL SOLUTION
PATANOL	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE OPHTHALMIC SOLUTION

**This is not a complete list and step therapy requirements are subject to change at any time. Members concerned about disruption should discuss covered alternatives with their providers prior to enrollment.*

If there is a medical reason that the Front-Line medication is not the best clinical option for a patient, the prescribing physician may contact Express Scripts at, 1-800-753-2851 to request a clinical authorization review. It is important to note, additional drugs are impacted by step therapy rules as new drugs become available.