

MWHP STEP THERAPY WORKSHEET

F= Full (ST1 or ST2 in hx),

D = Disallow (ST1 in hx each fill)

If partial,

indicate parameters (ST1 for first fill, additional fills look for ST1 or ST2)

over one fill i.e. 80/20

up to 40 characters
including spaces

Step Drug(s) (ST2)	Prerequisite Drug(s) (ST1)	Grandfathering	Number of fills/ timeframe	Minimum Days Supply	%Used/ %Remaining to allow	Soft Messaging	Notes*
Xopenex	all albuterol inhaler, soln, HFA	Partial	1 fill/120 days	30	80/20	PRIOR USE OF ALBUTEROL	MHP, Health Choice, Plan A
Renagel	PHOSLO	Partial	1 fill/120 days	30	80/20	PRIOR USE OF PHOSLO	MHP, Health Choice, Plan A
Ceclor, Cefzil, Ceftin	penicillin, amoxicillin, cephalexin	Disallow	1 fill/120days	5	50/50	PRIOR USE OF PENICILLIN,AMOXIL OR KEFLEX	MHP, Health Choice, Plan A, Plan B
Avelox	penicillin, amoxicillin, cephalexin, Macrolides, Cephalosporins, 1st generation quinolones	Disallow	1 fill/120 days	5	50/50	HX OF PCN,MACROLIDE,CEPHALOSPORIN,CIPRO	MHP, Health Choice, Plan A
Actos, Avandia, ActoPlus Met, Avandaryl, Avandamet, Januvia, Janumet	sulfonylurea, metformin	Full	1 fill/120 days	30	80/20	PRIOR USE OF SULFONYLUREA OR METFORMIN	MHP, Health Choice, Plan A
Diovan, Diovan HCT, Cozaar, Hyzaar, Atacand, Atacand HCT	Formulary ACE Inhib	Full	1 fill/120 days	30	80/20	PRIOR USE OF FORMULARY ACEI	MHP, Health Choice, Plan A
Singulair, Accolate	all albuterol inhaler, soln, HFA or Inhaled corticosteroids	Partial	1 fill/ 180 days	30	80/20	PRIOR USE OF ALBUTEROL,INHALED STEROIDS	MHP, Health Choice
Advair, Serevent, Symbicort	Azmacort, Flovent (not for Plan B), Pulmicort, Qvar, Asmanex	Full	1 fill/120 days	30	80/20	PRIOR USE OF INH STEROIDS	MHP, Health Choice, Plan A, Plan B
Celebrex	Formulary NSAIDs	Full	2 fill/120 days	30	80/20	PRIOR USE OF 2 FORMULARY NSAIDS	MHP, Health Choice, Plan A
Cosopt	Trusopt and timolol maleate ophth soln	Full	1 fill/120 days	30	80/20	PRIOR USE TRUSOPT AND TIMOLOL EYE SOLN	MHP, Health Choice
Elidel	Topical corticosteroids	Full	1 fill/120 days	30	80/20	PRIOR USE OF TOPICAL STEROIDS	MHP, Health Choice
Detrol, Detrol LA	oxybutynin, oxybutynin ER	Full	1 fill/120 days	30	80/20	PRIOR USE OF OXYBUTYNIN	MHP, Health Choice