

**Windsor Elite
Step Therapy Criteria
ANTIPSYCHOTICS**

COVERAGE POLICY

Antipsychotics will be covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply of Risperidone or Seroquel within the past 90 days.

**Windsor Elite
Step Therapy Criteria
BYETTA**

COVERAGE POLICY

Byetta® is covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply two or more formulary antidiabetic agents (alpha-glucosidase inhibitor, biguanide, dipeptidyl peptidase IV (DPP-4) inhibitor, meglitinide, sulfonylurea, thiazolidinedione) within the past 90 days.

**Windsor Elite
Step Therapy Criteria
DURAGESIC**

COVERAGE POLICY

Fentanyl is covered for members who meet the following criteria:

- A. Patient must fill formulary long-acting oral narcotic (Morphine Sulfate Extended-release, Kadian®, or Methadone) within the past 90 days

**Windsor Elite
Step Therapy Criteria
NEURONTIN SUSP**

COVERAGE POLICY

Neurontin Suspension will be covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply of Gabapentin oral within the past 90 days

NON-SEDATING ANTIHISTAMINES (NSAH)

COVERAGE POLICY

NSAH are covered for members who meet the following criteria:

- A. Patient must fill 30-day supply of Loratadine-containing product within the past 90 days

**Windsor Elite
Step Therapy Criteria
NSAIDS**

COVERAGE POLICY

Celebrex® and Arthrotec® are covered for members who meet the following criteria:

- A. Patient must fill 2 (TWO) formulary NSAIDs within the past 90 days

**Windsor Elite
Step Therapy Criteria
OXYCONTIN**

COVERAGE POLICY

Oxycontin® is covered for members who meet the following criteria:

- A. Patient must fill formulary long-acting oral narcotic (Morphine Sulfate Extended-release, Kadian®, or Methadone) within the past 90 days

**Windsor Elite
Step Therapy Criteria
PROTON PUMP INHIBITORS**

COVERAGE POLICY

Pantoprazole and Prevacid® are covered for members who meet the following criteria:

- A. Patient must fill a 30 day supply omeprazole within the past 90 days.

**Windsor Elite
Step Therapy Criteria
TEKTURNA**

COVERAGE POLICY

Tekturna® is covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply of two formulary Angiotensin Converting Enzyme Inhibitors or Angiotensin Receptor Blockers within the past 90 days

**Windsor Elite
Step Therapy Criteria
ULORIC**

COVERAGE POLICY

Uloric will be covered for members who meet the following criteria:

- A. A. Patient must fill a 30-day supply of Allopurinol within the past 90 days

**Windsor Elite
Step Therapy Criteria
ZETIA**

COVERAGE POLICY

Zetia® is covered for members who meet the following criteria:

- A. Patient must fill 30-day supply of 2 statins (Lovastatin, Simvastatin, Pravastatin, Lipitor, Crestor) within the past 90 days.

**Windsor Elite
Step Therapy Criteria**

INDEX

<i>A</i>		<i>O</i>	
ANTIPSYCHOTICS	1	OXYCONTIN.....	7
<i>B</i>		<i>P</i>	
BYETTA.....	2	PROTON PUMP INHIBITORS	8
<i>D</i>		<i>T</i>	
DURAGESIC	3	TEKTURNA	9
<i>N</i>		<i>U</i>	
NEURONTIN SUSP	4	ULORIC	10
NON-SEDATING ANTIHISTAMINES (NSAH).....	5	<i>Z</i>	
NSAIDS.....	6	ZETIA.....	11