

**Windsor Select  
Step Therapy Criteria  
ANTIPSYCHOTICS**

**COVERAGE POLICY**

Antipsychotics will 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 Select  
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 Select  
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 Select  
Step Therapy Criteria  
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 Select  
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 Select  
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 Select  
Step Therapy Criteria  
PROTON PUMP INHIBITORS**

**COVERAGE POLICY**

Pantoprazole, Nexium® 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 Select  
Step Therapy Criteria  
PROZAC WEEKLY**

**COVERAGE POLICY**

Prozac Weekly® is covered for members who meet the following criteria:

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

**Windsor Select  
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 Select  
Step Therapy Criteria  
ULORIC**

**COVERAGE POLICY**

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

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

**Windsor Select  
Step Therapy Criteria  
XOPENEX MDI**

**COVERAGE POLICY**

Xopenex MDI® is covered for members who meet the following criteria:

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

**Windsor Select  
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 Select  
Step Therapy Criteria**

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