

**2015 STEP THERAPY CRITERIA  
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**Step Therapy Group – ATOPIC DERMATITIS ST**

**Drug Name(s):**

**ELIDEL  
tacrolimus ointment**

**Criteria:**

Criteria for approval require ONE of the following:

1. Patient's medication history includes evidence of a claim within the past 365 days for any topical corticosteroid or topical corticosteroid combination preparation OR
2. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to topical corticosteroids or topical corticosteroid combination preparations

Medications subject to step therapy will be covered when the above criteria are met.

### **Step Therapy Group – MUSCLE RELAXANT ST**

#### **Drug Name(s):**

**cyclobenzaprine 5 mg, 7.5 mg, 10 mg tablet**  
**methocarbamol 500 mg, 750 mg tablet**

#### **Criteria:**

Step Therapy does NOT apply to patients less than 65 yrs of age.

Criteria for approval require ONE of the following:

1. Patient's medication history includes evidence of a claim within the past 90 days for generic tizanidine, generic baclofen, or prescription generic oral NSAID (non-steroidal anti-inflammatory drug) product OR
2. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to generic tizanidine, generic baclofen, or prescription generic oral NSAID product

Medications subject to step therapy will be covered when the above criteria are met.

Approval authorizations will apply to the requested medication only.

**Step Therapy Group – TOPICAL NSAID ST**

**Drug Name(s):**

**VOLTAREN GEL**

**Criteria:**

Criteria for approval require ANY ONE of the following:

1. Patient is 75 years of age or older OR
2. Patient's medication history includes evidence of a claim within the past 90 days for a prescription generic oral NSAID (non-steroidal anti-inflammatory drug) OR
3. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to a prescription generic oral NSAID

Medications subject to step therapy will be covered when the above criteria are met.