**Addendum to Benefit/Add Change Form**
**Tekturna Step therapy Program with Grandfathering**
**Established 07/16/2007**
**Effective 07/16/2007**

| FIRST-LINE DRUGS | SECOND-LINE DRUGS |
|---|---|
| ACE Inhibitors: GPI 36-10 (brand or generic)<br>(benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril)<br><br>ACE Inhibitor/Thiazide combo products: GPI 36-99-18 (brand or generic)<br>(quinapril/HCTZ, fosinopril/HCTZ, benazapril/HCTZ, captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, moexipril/HCTZ)<br><br>ACE Inhibitor/CCB combo products: GPI 36-99-15 (brand or generic)<br>(benazepril/amlodipine, enalapril/felodipine, trandolapril/verapamil) | aliskiren (Tekturna) GC 00204 B/G 2 |

***A trial of an ACE Inhibitor/ACE Inhibitor combo product is not required if the member has tried an ARB or ARB combination product (this is automated criteria):***
Angiotensin Receptor Blockers (ARBs): GPI 36-15 (brand or generic)
(irbesartan, losartan, valsartan, candesartan, atacand, telmisartan, eprosartan, olmesartan)
ARB/Thiazide combo products: GPI 36-99-40 (brand or generic)
(losartan/HCTZ, valsartan/HCTZ, irbesartan/HCTZ, candesartan/HCTZ, telmisartan/HCTZ, eprosartan /HCTZ, olmesartan/HCTZ )

| | |
|---|---|
| # Days for claims review for select or first line drugs: | 130 days |
| # Different generics from select or first line drugs: | One |
| History effective date: | 130 days prior to effectrive date Grandfathering: 130 days |
| On-line Pharmacy Message: | "Use generic ACE inhibitor/ACE combo 1st" |
| Override allowed: | Yes |
| Override NCPCP #: | 75 |
| Override criteria: | Standard. If not, provide Client-specific criteria. |

☐ **Standard Support**--Client agrees to all future updates and revisions to Tekturna Step Therapy program and criteria. If Client is administering overrides, standard criteria do not apply.

☐ **Non-Standard Support--** Client does NOT agree to future updates and revisions and therefore entire Tekturna Step Therapy program is Client-specific. Client agrees that updates to this Step Therapy program are its sole responsibility. This Step Therapy program will change only at the direction of Client. If Client is administering overrides, standard criteria do not apply

☐ **Standard Drug Group Support –** One or more parameters on this form have been changed, which makes this custom, but I still want updates to the drug groups.

DIV:_____
BPL:_____
Effective Date of Change:_____

_____ _____
Client Authorization Signature Date

Reviewed: March 2010