

ATYPICAL ANTIPSYCHOTICS

Products Affected

- Fanapt
- Fanapt Titration Pack
- Paliperidone Er
- Vraylar

Details

Criteria	The following criteria applies to members who newly start on the drug: Prescription claim or medical record documentation of failure of or intolerance to two of the following oral atypical antipsychotics: risperidone, olanzapine, ziprasidone, quetiapine IR or ER, or aripiprazole.
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CLONIDINE PATCH

Products Affected

- Clonidine Hcl PTWK

Details

Criteria	Claims history in last 365 days or documentation of inability to take clonidine tablets.
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CLOZAPINE ODT

Products Affected

- Clozapine Odt

Details

Criteria	Prescription claim or medical record documentation of failure of or intolerance to clozapine tablets.
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CYCLOSET

Products Affected

- Cycloset

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to 1) metformin (includes antidiabetic combination drugs that contain metformin such as Janumet, Kombiglyze, glipizide/metformin, or alogliptin/metformin) and pioglitazone (includes combinations drugs that contain pioglitazone such as alogliptin/pioglitazone) or 2) pioglitazone-metformin or Actoplus Met XR (pioglitazone-metformin XR).
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EPLERENONE

Products Affected

- Eplerenone

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to spironolactone or spironolactone-hydrochlorothiazide.
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ESOMEPRAZOLE

Products Affected

- Esomeprazole Magnesium

Details

Criteria	Claims history in last 365 days or documentation of failure of or intolerance to two of the following: omeprazole, pantoprazole, lansoprazole or rabeprazole
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FENTANYL PATCHES

Products Affected

- Fentanyl PT72 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR

Details

Criteria	Claims history in the past 365 days or documentation of failure of or intolerance to extended release morphine sulfate.
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IV ESOMEPRAZOLE

Products Affected

- Esomeprazole Sodium

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to IV pantoprazole.
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MYRBETRIQ

Products Affected

- Myrbetriq

Details

Criteria	Claims history in last 365 days or documentation of failure of or intolerance to two of the following: oxybutynin, tolterodine or trospium.
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PHOSPHATE BINDERS

Products Affected

- Fosrenol PACK
- Lanthanum Carbonate
- Renagel TABS 800MG
- Sevelamer Carbonate

Details

Criteria	The following criteria is not required for members who are stable on medication: prescription claim in the past 365 days or medical record documentation of failure of, intolerance to or contraindication to calcium acetate.
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QUETIAPINE ER

Products Affected

- Quetiapine Fumarate Er

Details

Criteria	The following criteria applies to members who newly start on the drug: Prescription claim or medical record documentation of failure of or intolerance to aripiprazole.
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RASAGILINE

Products Affected

- Rasagiline Mesylate TABS

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to oral selegiline.
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RISEDRONATE

Products Affected

- Risedronate Sodium

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to alendronate and ibandronate.
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ROZEREM

Products Affected

- Rozerem

Details

Criteria	Step therapy required for members age 64 and younger. Claims history in the past 365 days or documentation of failure of or intolerance to two of the following: zolpidem, zaleplon, or eszopiclone.
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SAPHRIS

Products Affected

- Saphris

Details

Criteria	The following criteria applies to members who newly start on the drug: Prescription claim or medical record documentation of failure of or intolerance to two of the following: risperidone ODT, olanzapine ODT, aripiprazole ODT.
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SHORT-ACTING BETA AGONIST INHALERS

Products Affected

- Levalbuterol Tartrate Hfa
- Proventil Hfa
- Ventolin Hfa

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to ProAir HFA.
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SILENOR

Products Affected

- Silenor

Details

Criteria	Step therapy required for members age 64 and younger. Claims history in the past 365 days or documentation of failure of or intolerance to two of the following: zolpidem, zaleplon, or eszopiclone.
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TINIDAZOLE

Products Affected

- Tinidazole TABS

Details

Criteria	Criteria does not apply to giardiasis. Prescription claim in the past 30 days or medical record documentation of failure of or intolerance to oral metronidazole.
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TOLCAPONE

Products Affected

- Tolcapone

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to entacapone.
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TOLTERODINE ER

Products Affected

- Tolterodine Tartrate Er

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of, intolerance to or contraindication to immediate release tolterodine.
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TRAVATAN Z

Products Affected

- Travatan Z

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to latanoprost.
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TRELEGY ELLIPTA

Products Affected

- Trelegy Ellipta

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of or intolerance to 1) an inhaled corticosteroid/long-acting beta agonist combination such as fluticasone-salmeterol, Breo or Dulera or 2) an inhaled corticosteroid such as Qvar or Flovent combined with a long-acting beta agonist such as Serevent or Brovana or a combination product such as Stiolto or Anoro Ellipta.
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TROSPIUM ER

Products Affected

- Trospium Chloride Er

Details

Criteria	Prescription claim in the past 365 days or medical record documentation of failure of, intolerance to or contraindication to immediate release trospium.
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ULORIC

Products Affected

- Uloric

Details

Criteria	Claims history in the past 365 days or documentation of failure of or intolerance to allopurinol.
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ZOLMITRIPTAN

Products Affected

- Zolmitriptan TABS
- Zolmitriptan Odt

Details

Criteria	Claims history in last 365 days or documentation of failure of or intolerance to 1) sumatriptan and 2) naratriptan or rizatriptan.
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