

## ADHD STIMULANTS - S(BCRI)

---

### Products Affected

- Daytrana
- Focalin Xr CP24 10MG, 20MG, 25MG, 35MG, 5MG
- Methylin CHEW
- Strattera
- Vyvanse

### Details

---

<b>Criteria</b>	Patient needs to have a paid claim for two of the following: generic formulary ADHD stimulant medication, Metadate ER 20 mg, or Zenzedi 5 mg or 10 mg.
-----------------	--

---

# ANDROGEL -C(BCRI)

---

## Products Affected

- Androderm
- Testim
- Testosterone GEL 1%, 1%

## Details

---

Criteria	Member must have tried Androgel .
----------	-----------------------------------

---

# ANTIDEPRESSANTS -S(BCRI)

---

## Products Affected

- Aplenzin
- Brintellix
- Fetzima
- Fetzima Titration Pack
- Forfivo XL
- Pexeva
- Pristiq
- Viibryd

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for TWO of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.
-----------------	--

---

# ANTISPASMODICS - S(BCRI)

---

## Products Affected

- Enablex
- Myrbetriq
- Oxytrol
- Toviaz
- Vesicare

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary antispasmodic agent.
-----------------	---

---

## ARB -S(BCRI)

---

### Products Affected

- Benicar
- Benicar Hct
- Diovan
- Teveten TABS 400MG
- Teveten Hct

### Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary ARB or ARB-diuretic combination.
-----------------	---

---

# ATOPIC DERMATITIS - S(BCRI)

---

## Products Affected

- Elidel
- Protopic
- Tacrolimus OINT

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one formulary topical corticosteroid.
-----------------	--

---

# ATYPICAL ANTIPSYCHOTICS - S(BCRI)

---

## Products Affected

- Abilify
- Abilify Discmelt
- Abilify Maintena
- Fanapt
- Fanapt Titration Pack
- Invega
- Invega Sustenna
- Latuda
- Saphris

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary atypical antipsychotic agent.
-----------------	--

---

# BISPHOSPHONATES -S(BCRI)

---

## Products Affected

- Actonel TABS 30MG, 35MG, 5MG
- Fosamax Plus D
- Atelvia

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary oral bisphosphonate agent.
-----------------	---

---



# DPP4 INHIBITORS - C(BCRI)

---

## Products Affected

- Kombiglyze Xr
- Onglyza

## Details

<b>Criteria</b>	Patient needs to have a paid claim for metformin or formulary metformin/sulfonylurea combinations AND have tried Januvia, Janumet/XR, Jentadueto, or Tradjenta.
-----------------	---

# FENOFIBRATES - S(BCRI)

---

## Products Affected

- Antara CAPS 30MG, 90MG
- Lipofen

## Details

---

Criteria	Patient needs to have a paid claim for one generic formulary fenofibrate.
----------	---

---

# INSULIN -C(BCRI)

---

## Products Affected

- Apidra
- Apidra Solostar
- Novolin 70/30
- Novolin N
- Novolin R
- Novolog
- Novolog Flexpen
- Novolog MIX 70/30
- Novolog MIX 70/30 Prefilled Flexpen

## Details

<b>Criteria</b>	Patient needs to have a paid claim for one Lilly insulin product.
-----------------	---

# NASAL STEROIDS -S(BCRI)

---

## Products Affected

- Beconase Aq
- Nasonex
- Omnaris
- Veramyst

## Details

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary intranasal corticosteroid agent.
-----------------	---

# NEUPRO -S(BCRI)

---

## Products Affected

- Neupro

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary dopamine agonist agent
-----------------	---

---

# OPHTHALMIC PROSTAGLANDINS - S(BCRI)

---

## Products Affected

- Lumigan SOLN 0.01%
- Travatan Z

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary ophthalmic prostaglandin product.
-----------------	--

---

# ORAL ACNE - S(BCRI)

---

## Products Affected

- Oracea
- Solodyn TB24 105MG, 115MG, 55MG, 65MG, 80MG

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary agent in the oral tetracycline class.
-----------------	--

---

# SEDATIVE HYPNOTICS - S(BCRI)

---

## Products Affected

- Rozerem
- Silenor
- Zolpimist

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for generic zolpidem or zaleplon or eszopiclone
-----------------	--

---



# STATINS -S(BCRI)

---

## Products Affected

- Advicor
- Altoprev
- Crestor
- Livalo
- Simcor
- Vytorin TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one formulary HMG-CoA reductase inhibitor (statin).
-----------------	--

---

# SYMLIN-S(BCRI)

---

## Products Affected

- Symlinpen 120
- Symlinpen 60

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one formulary insulin product.
-----------------	---

---

# TRIPTANS - S(BCRI)

---

## Products Affected

- Axert
- Frova
- Relpax
- Treximet
- Zomig SOLN
- Zomig Nasal Spray

## Details

---

<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary serotonin 5-HT1 receptor antagonist (triptans).
-----------------	--

---

# ULORIC - S(BCRI)

---

## Products Affected

- Uloric

## Details

---

Criteria	Patient needs to have a paid claim for allopurinol.
----------	---

---

# INDEX

## **A**

Abilify .....	7
Abilify Discmelt .....	7
Abilify Maintena .....	7
Actonel .....	8
Adhd Stimulants - S(bcri) .....	1
Advicor .....	17
Altoprev .....	17
Androderm .....	2
Androgel -c(bcri) .....	2
Antara .....	10
Antidepressants -s(bcri) .....	3
Antispasmodics - S(bcri) .....	4
Apidra .....	11
Apidra Solostar .....	11
Aplenzin .....	3
Arb -s(bcri) .....	5
Atelvia .....	8
Atopic Dermatitis - S(bcri) .....	6
Atypical Antipsychotics - S(bcri) .....	7
Axert .....	19

## **B**

Beconase Aq .....	12
Benicar .....	5
Benicar Hct .....	5
Bisphosphonates -s(bcri) .....	8
Brintellix .....	3

## **C**

Crestor .....	17
---------------	----

## **D**

Daytrana .....	1
Diovan .....	5
Dpp4 Inhibitors - C(bcri) .....	9

## **E**

Elidel .....	6
Enablex .....	4

## **F**

Fanapt .....	7
Fanapt Titration Pack .....	7
Fenofibrates - S(bcri) .....	10
Fetzima .....	3
Fetzima Titration Pack .....	3
Focalin Xr .....	1
Forfivo XL .....	3
Fosamax Plus D .....	8
Frova .....	19

## **I**

Insulin -c(bcri) .....	11
Invega .....	7
Invega Sustenna .....	7

## **K**

Kombiglyze Xr .....	9
---------------------	---

## **L**

Latuda .....	7
Lipofen .....	10
Livalo .....	17
Lumigan .....	14

## **M**

Methylin .....	1
Myrbetriq .....	4

## **N**

Nasal Steroids -s(bcri) .....	12
Nasonex .....	12
Neupro .....	13
Neupro -s(bcri) .....	13

Novolin 70/30.....	11
Novolin N.....	11
Novolin R.....	11
Novolog.....	11
Novolog Flexpen.....	11
Novolog MIX 70/30.....	11
Novolog MIX 70/30 Prefilled Flexpen.....	11

**O**

Omnaris.....	12
Onglyza.....	9
Ophthalmic Prostaglandins - S(bcri).....	14
Oracea.....	15
Oral Acne - S(bcri).....	15
Oxytrol.....	4

**P**

Pexeva.....	3
Pristiq.....	3
Protopic.....	6

**R**

Relpax.....	19
Rozerem.....	16

**S**

Saphris.....	7
Sedative Hypnotics - S(bcri).....	16
Silenor.....	16
Simcor.....	17
Solodyn.....	15
Statins -s(bcri).....	17

Strattera.....	1
Symlinpen 120.....	18
Symlinpen 60.....	18
Symlin-s(bcri).....	18

**T**

Tacrolimus.....	6
Testim.....	2
Testosterone.....	2
Teveten.....	5
Teveten Hct.....	5
Toviaz.....	4
Travatan Z.....	14
Treximet.....	19
Triptans - S(bcri).....	19

**U**

Uloric.....	20
Uloric - S(bcri).....	20

**V**

Veramyst.....	12
Vesicare.....	4
Viiibryd.....	3
Vytorin.....	17
Vyvanse.....	1

**Z**

Zolpimist.....	16
Zomig.....	19
Zomig Nasal Spray.....	19