

Step Therapy Criteria
BCBS RI 4-Tier 2015_Moderate
Last Updated: 07/20/2015

ADHD STIMULANTS - S(BCRI)

Products Affected

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

Details

Criteria	Patient needs to have a paid claim for two of the following: generic formulary ADHD stimulant medication, Metadate ER 20 mg, or Zenedi 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

Criteria	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

Criteria	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

Criteria	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

Criteria	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

Criteria	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

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

DPP4 INHIBITORS - C(BCRI)

Products Affected

- Kombiglyze Xr
- Onglyza

Details

Criteria	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 70/30 Relion
- Novolin N
- Novolin N Relion
- Novolin N U-100
- Novolin R
- Novolin R Relion
- Novolin R U-100
- Novolog
- Novolog Flexpen
- Novolog MIX 70/30
- Novolog MIX 70/30 Prefilled Flexpen

Details

Criteria	Patient needs to have a paid claim for one Lilly insulin product.
-----------------	---

NASAL STEROIDS -S(BCRI)

Products Affected

- Beconase Aq
- Nasonex
- Omnaris
- Veramyst

Details

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

NEUPRO -S(BCRI)

Products Affected

- Neupro

Details

Criteria	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

Criteria	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

Criteria	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

Criteria	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

Criteria	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

Criteria	Patient needs to have a paid claim for one formulary insulin product.
-----------------	---

TRIPTANS - S(BCRI)

Products Affected

- Axert
- Frova
- Relpax
- Treximet
- Zomig SOLN 2.5MG
- Zomig Nasal Spray

Details

Criteria	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 70/30 Relion.....	11
Novolin N.....	11
Novolin N Relion.....	11
Novolin N U-100.....	11
Novolin R.....	11
Novolin R Relion.....	11
Novolin R U-100.....	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
Viibryd.....	3
Vytorin.....	17
Vyvanse.....	1

Z

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