

MEDICAL EXCEPTIONS PRODUCTS

GPI CODING:

04000020100102	ORAXYL CAP 20MG	60201025102002	MIDAZOLAM INJ 2MG/2ML
	DOXYCYCLINE POW	60201025102003	MIDAZOLAM INJ 5MG/5ML
04000020102900	HYCLATE	60201025102003	MIDAZOLAM INJ 5MG/5ML
	DOXYCYCLINE POW	60201025102003	MIDAZOLAM INJ 5MG/5ML
04000020102900	HYCLATE	60201025102003	MIDAZOLAM INJ 5MG/5ML
	DOXYCYCLINE POW	60201025102003	MIDAZOLAM INJ 5MG/5ML
04000020102900	HYCLATE	60201025102003	MIDAZOLAM INJ 5MG/5ML
04000020106720	DOXYCYCL HYC CAP 100MG	60201028000310	DORAL TAB 15MG
04000020556420	MORGIDOX KIT 1X100MG	60204080100708	INTERMEZZO SUB 1.75MG
04000020556440	MORGIDOX KIT 2X100MG	60204080100715	INTERMEZZO SUB 3.5MG
04000020606420	ALODOX KIT 20MG	60204080100720	EDLUAR SUB 5MG
04000020656430	OCUDOX KIT	60204080100730	EDLUAR SUB 10MG
04000020756420	NUTRIDOX KIT	60204080102020	ZOLPIMIST SPR 5MG
04000040107522	SOLODYN TAB 55MG	60400030100320	SILENOR TAB 3MG
04000040107525	SOLODYN TAB 65MG	60400030100320	SILENOR TAB 3MG
04000040107528	SOLODYN TAB 80MG	60400030100320	SILENOR TAB 3MG
04000040107533	SOLODYN TAB 105MG	60400030100330	SILENOR TAB 6MG
04000040107535	SOLODYN TAB 115MG	60400030100330	SILENOR TAB 6MG
04000040506430	MINOCIN KIT 50MG	60400030100330	SILENOR TAB 6MG
04000040506440	MINOCIN KIT 100MG	61353020107420	KAPVAY TAB 0.1 MG
04990003156430	AVIDOXY DK KIT	61353030107520	INTUNIV TAB 1MG
39200006006520	TRILIPIX CAP 45MG	61353030107530	INTUNIV TAB 2MG
39200006006540	TRILIPIX CAP 135MG	61353030107540	INTUNIV TAB 3MG
39200025000110	LIPOFEN CAP 50MG	61353030107550	INTUNIV TAB 4MG
39200025000124	LIPOFEN CAP 150MG	65100095107070	CONZIP CAP 100MG
39200025000308	FENOGLIDE TAB 40MG	65100095107080	CONZIP CAP 200MG
39200025000311	TRIGLIDE TAB 50MG	65100095107090	CONZIP CAP 300MG
39200025000322	FENOGLIDE TAB 120MG	66109902320340	DUEXIS TAB 800-26.6
39200025000322	FENOGLIDE TAB 120MG	66109902440620	VIMOVO TAB 375-20MG
39200025000325	TRIGLIDE TAB 160MG	66109902440640	VIMOVO TAB 500-20MG
39200025100104	ANTARA CAP 43MG	66109902440640	VIMOVO TAB 500-20MG
39200025100114	ANTARA CAP 130MG	67992002600320	TREXIMET TAB 85-500MG
39200025100114	ANTARA CAP 130MG	67992002600320	TREXIMET TAB 85-500MG
60201025102002	MIDAZOLAM INJ 2MG/2ML	90050003004030	DIFFERIN GEL 0.3%
60201025102002	MIDAZOLAM INJ 2MG/2ML	90050003004030	DIFFERIN GEL 0.3%
60201025102002	MIDAZOLAM INJ 2MG/2ML	90050003004110	DIFFERIN LOT 0.1%
60201025102002	MIDAZOLAM INJ 2MG/2ML	90050010003932	RIAX AER 5.5%
60201025102002	MIDAZOLAM INJ 2MG/2ML	90050010003947	RIAX AER 9.5%

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90050010004006	BENZIQ LS	GEL 2.75%	90059902654020	VELTIN	GEL
90050010004009	BENZIQ	GEL 5.25%	90059902654020	ZIANA	GEL
90050010204020	NUOX	GEL 6-3%	90059902654020	ZIANA	GEL
90050020004510	SULFOAM	SHA 2%	90059903096420	VANOXIDE HC	KIT
90050030003704	TRETIN-X	CRE 0.0375%	90059903104110	VANOXIDE-HC	LOT 5-0.5%
90050030004015	ATRALIN	GEL 0.05%	90059903200918	AVAR LS	LIQ 10-2%
90050030506410	TRETIN-X	GEL KIT 0.01%	90059903201820	SOD SUL/SULF	SUS 10-5%
90050030506420	TRETIN-X	GEL KIT 0.025%	90059903203718	AVAR-E LS	CRE 10-2%
90050030506430	TRETIN-X	CRE KIT 0.025%	90059903203718	AVAR-E LS	CRE 10-2%
90050030506440	TRETIN-X	CRE KIT 0.05%	90059903203918	SSS 10-4	AER 10-4%
90050030506450	TRETIN-X	CRE KIT 0.1%	90059903211620	SOD SUL/SULF	EMU 10-5%
90051010104005	CLINDAGEL	GEL 1%	90059903226440	SUMAXIN CP	KIT
90051010104005	CLINDAGEL	GEL 1%	90059903486420	INOVA 4/1	KIT ACNE CON
90051010106420	CLINDAREACH	KIT 1%	90059903486430	INOVA 8/2	KIT ACNE CON
90051020004210	AKNE-MYCIN	OIN 2%	90060025006520	ORACEA	CAP 40MG
90059902034020	EPIDUO	GEL 0.1-2.5%	90060040003720	NORITATE	CRE 1%
90059902034020	EPIDUO	GEL 0.1-2.5%	90060040206415	ROSDAN	KIT 0.75%
90059902103010	BENZAMYCIN	GEL PAK	90060040206440	ROSDAN	KIT 0.75%
90059902136420	ZACARE KIT	KIT 4%	90210065003730	NAPRODERM	CRE 15%
90059902136440	ZACARE KIT	KIT 8%	90309902604315	SOD SULFACET	PAD 10%
90059902194030	ACANYA	GEL 1.2-2.5%	90559902496420	ULTRAVATE X	KIT 0.05-10%
90059902476420	INOVA	KIT 4%	90559902496440	ULTRAVATE X	KIT 0.05-10%
90059902476430	INOVA	KIT 8%	90660080003726	UTOPIC	CRE 41%
90059902626420	CLINDACIN	KIT PAC 1%	90660080256445	URAMAXIN GT	KIT 45%
90059902654020	VELTIN	GEL			

DESCRIPTION:

The purpose of this document is to provide approval criteria and guidelines for medical exceptions prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: 12 months

CRITERIA FOR MEDICAL EXCEPTIONS

- I. The patient has a diagnosis that is FDA approved or compendia supported **AND**
- II. Patient has demonstrated an inadequate treatment response to at least five alternative medications for the diagnosis

**Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial**



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Please note, chart notes may be requested or prescription claims history may be used to verify prior alternative therapies.