

Step Therapy Criteria  
BCBS RI 4-Tier 2015\_Moderate  
Last Updated: 05/21/2015

## ADHD STIMULANTS - S(BCRI)

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### Products Affected

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

### Details

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<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.
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# ANDROGEL -C(BCRI)

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## Products Affected

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

## Details

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<b>Criteria</b>	Member must have tried Androgel .
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# ANTIDEPRESSANTS -S(BCRI)

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## Products Affected

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

## Details

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

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## Products Affected

- Enablex
- Myrbetriq
- Oxytrol
- Toviaz
- Vesicare

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary antispasmodic agent.
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# ARB -S(BCRI)

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## Products Affected

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

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary ARB or ARB-diuretic combination.
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# ATOPIC DERMATITIS - S(BCRI)

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## Products Affected

- Elidel
- Protopic
- Tacrolimus OINT

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one formulary topical corticosteroid.
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# ATYPICAL ANTIPSYCHOTICS - S(BCRI)

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## Products Affected

- Abilify
- Abilify Discmelt
- Abilify Maintena
- Fanapt
- Fanapt Titration Pack
- Invega
- Invega Sustenna
- Latuda
- Saphris SUBL 10MG, 5MG

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary atypical antipsychotic agent.
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# BISPHOSPHONATES -S(BCRI)

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## Products Affected

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

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary oral bisphosphonate agent.
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# DPP4 INHIBITORS - C(BCRI)

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## 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.
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# FENOFIBRATES - S(BCRI)

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## Products Affected

- Antara CAPS 30MG, 90MG
- Lipofen

## Details

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Criteria	Patient needs to have a paid claim for one generic formulary fenofibrate.
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# INSULIN -C(BCRI)

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## 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.
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# NASAL STEROIDS -S(BCRI)

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## Products Affected

- Beconase Aq
- Nasonex
- Omnaris
- Veramyst

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary intranasal corticosteroid agent.
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# NEUPRO -S(BCRI)

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## Products Affected

- Neupro

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary dopamine agonist agent
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# OPHTHALMIC PROSTAGLANDINS - S(BCRI)

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## Products Affected

- Lumigan SOLN 0.01%
- Travatan Z

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary ophthalmic prostaglandin product.
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## ORAL ACNE - S(BCRI)

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### Products Affected

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

### Details

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<b>Criteria</b>	Patient needs to have a paid claim for one generic formulary agent in the oral tetracycline class.
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# SEDATIVE HYPNOTICS - S(BCRI)

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## Products Affected

- Rozerem
- Silenor
- Zolpimist

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for generic zolpidem or zaleplon or eszopiclone
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# STATINS -S(BCRI)

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## Products Affected

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

## Details

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

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## Products Affected

- Symlinpen 120
- Symlinpen 60

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for one formulary insulin product.
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# TRIPTANS - S(BCRI)

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## Products Affected

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

## Details

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

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## Products Affected

- Uloric

## Details

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Criteria	Patient needs to have a paid claim for allopurinol.
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