

ADHD STIMULANTS - S(BCRI)

Products Affected

- Daytrana
- Focalin Xr CP24 25MG, 35MG
- Strattera
- Vyvanse

Details

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|-----------------|--|
| Criteria | 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. However, if Vyvanse is being prescribed for moderate to severe binge eating disorder, the prerequisite therapy is not required. |
|-----------------|--|

ANDROGEL -C(BCRI)

Products Affected

- Androderm
- Testosterone GEL 1%

Details

| | |
|-----------------|---|
| Criteria | Member must have tried Androgel, testosterone pump gel 1%, testosterone gel 10mg/act, or testosterone gel 25mg/2.5gm. |
|-----------------|---|

ANTIDEPRESSANTS -S(BCRI)

Products Affected

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

Details

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

ANTIFUNGAL (S)-BCRI

Products Affected

- Naftin CREA 2%
- Naftin GEL

Details

| | |
|-----------------|---|
| Criteria | Patient needs to have a paid claim for one formulary generic topical antifungal agent |
|-----------------|---|

ANTISPASMODICS - S(BCRI)

Products Affected

- Enablex
- Myrbetriq
- Toviaz
- Vesicare

Details

| | |
|-----------------|---|
| Criteria | Patient needs to have a paid claim for one generic formulary antispasmodic agent. |
|-----------------|---|

ARB (S)-BCRI 2016

Products Affected

- Benicar
- Benicar Hct
- Teveten Hct

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for two generic formulary ARBs or ARB-diuretic combinations |
|-----------------|--|

ARB -S(BCRI)

Products Affected

- 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
- Tacrolimus OINT

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for one formulary topical corticosteroid. |
|-----------------|--|

ATYPICAL ANTIPSYCHOTICS - S(BCRI)

Products Affected

- Abilify SOLN
- Abilify Discmelt TBDP 10MG
- Abilify Maintena
- Fanapt
- Fanapt Titration Pack
- Invega
- Invega Sustenna
- Latuda
- Rexulti
- Saphris
- Vraylar

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for one generic formulary atypical antipsychotic agent or Zyprexa Relprevv. |
|-----------------|--|

BISPHOSPHONATES -S(BCRI)

Products Affected

- Fosamax Plus D

Details

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

DIFICID (S)-BCRI

Products Affected

- Dificid

Details

| Criteria | Patient needs to have a paid claim for generic oral vancomycin |
|----------|--|
|----------|--|

DPP4 INHIBITORS (S)-BCRI

Products Affected

- Janumet
- Janumet Xr
- Januvia
- Jentadueto
- Kombiglyze Xr
- Onglyza
- Tradjenta

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for metformin or formulary metformin combinations |
|-----------------|--|

FENOFIBRATES - S(BCRI)

Products Affected

- Antara
- 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 N U-100
- Novolin R
- Novolin R U-100
- Novolog
- Novolog Flexpen
- Novolog MIX 70/30
- Novolog MIX 70/30 Prefilled Flexpen
- Novolog Penfill

Details

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

NASAL STEROIDS -S(BCRI)

Products Affected

- Beconase Aq
- Flunisolide
- Mometasone Furoate SUSP
- Nasonex
- Omnaris
- Veramyst

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for one generic formulary intranasal corticosteroid agent. However, if Nasonex is being prescribed for SAR prophylaxis, the prerequisite therapy is not required. |
|-----------------|--|

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
- 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

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for one generic formulary agent in the oral tetracycline class. However, if Oracea is being prescribed for rosacea, the prerequisite therapy is not required. |
|-----------------|--|

PPI (S)-BCRI

Products Affected

- Dexilant
- Zegerid PACK

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for one generic formulary proton pump inhibitor. However, if Zegerid Suspension is being prescribed for reducing the risk of upper gastrointestinal bleeding in a critically ill patient, the prerequisite therapy is not required. |
|-----------------|--|

SEDATIVE HYPNOTICS - S(BCRI)

Products Affected

- Silenor
- Zolpimist

Details

| | |
|-----------------|--|
| Criteria | Patient needs to have a paid claim for generic zolpidem or zaleplon or eszopiclone |
|-----------------|--|

SGLT2 - S(BCRI)

Products Affected

- Synjardy

Details

| | |
|-----------------|---|
| Criteria | Patient needs to have a paid claim for metformin or formulary metformin/sulfonylurea combinations |
|-----------------|---|

STATINS (S)-BCRI 2016

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 two generic formulary HMG-CoA reductase inhibitors (statin) |
|-----------------|--|

TRIPTANS - S(BCRI)

Products Affected

- Frova
- Frovatriptan Succinate
- 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. |
|----------|---|
|----------|---|

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