

Step Therapy Criteria
BCBS RI 4-Tier 2015_Moderate
Last Updated: 08/23/2015

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 Zenzedi 5 mg or 10 mg.
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ANDROGEL -C(BCRI)

Products Affected

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

Details

Criteria	Member must have tried Androgel .
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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.
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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.
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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.
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ATOPIC DERMATITIS - S(BCRI)

Products Affected

- Elidel
- Protopic
- Tacrolimus OINT

Details

Criteria	Patient needs to have a paid claim for one formulary topical corticosteroid.
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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.
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BISPHOSPHONATES -S(BCRI)

Products Affected

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

Details

Criteria	Patient needs to have a paid claim for one generic formulary oral bisphosphonate agent.
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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.
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FENOFIBRATES - S(BCRI)

Products Affected

- Antara CAPS 30MG, 90MG
- Lipofen

Details

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

Details

Criteria	Patient needs to have a paid claim for one Lilly insulin product.
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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.
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NEUPRO -S(BCRI)

Products Affected

- Neupro

Details

Criteria	Patient needs to have a paid claim for one generic formulary dopamine agonist agent
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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.
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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.
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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
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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).
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SYMLIN-S(BCRI)

Products Affected

- Symlinpen 120
- Symlinpen 60

Details

Criteria	Patient needs to have a paid claim for one formulary insulin product.
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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).
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ULORIC - S(BCRI)

Products Affected

- Uloric

Details

Criteria	Patient needs to have a paid claim for allopurinol.
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