ANTIPSYCHOTIC AGENTS

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☒	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of brand name antipsychotics as second line agents to risperidone for FDA approved indications.

STEP 1 DRUG:
risperidone

STEP 2 DRUGS:
Abilify (aripiprazole)
Geodon (ziprasidone)
Seroquel and Seroquel XR (quetiapine)
Zyprexa and Zyprexa Zydis (olanzapine)
Fanapt (iloperidone)
Saphris (asenapine)
Invega (paliperidone)

PRODUCT AVAILABILITY:
Abilify (aripiprazole): 2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets
10mg and 15mg orally disintegrating tablets
1mg/mL solution
7.5mg/mL solution for injection; single-dose vials
Geodon (ziprasidone): 20mg, 40mg, 60mg, and 80mg capsules
20mg/mL injection, lyophilized powder for solution; single-dose vials
Seroquel (quetiapine): 25mg, 50mg, 100mg, 200mg, 300mg, and 400mg tablets
Seroquel XR (quetiapine): 50mg, 150mg, 200mg, 300mg, and 400mg extended-release tablets
Zyprexa (olanzapine): 2.5mg, 5mg, 7.5mg, 10mg, 15mg, and 20mg tablets
Zyprexa Zydis (olanzapine): 5mg, 10mg, 15mg, and 20mg orally disintegrating tablets
Fanapt (iloperidone): 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, and 12mg tablets

Saphris (asenapine): 5mg and 10mg sublingual tablets
Invega (paliperidone): 1.5mg, 3mg, 6mg, and 9mg extended-release tablets

QUANTITY LIMITS:

Geodon (ziprasidone): 60 capsules per 30-day supply
Seroquel (quetiapine): 90 tablets per 30-day supply
Seroquel XR (quetiapine): 30 tablets per 30-day supply
Zyprexa (olanzapine): 30 tablets per 30-day supply
Zyprexa Zydis (olanzapine): 30 orally disintegrating tablets per 30-day supply
Invega (paliperidone): 1.5mg, 3mg, and 9mg – 30 tablets per 30-day supply
6mg – 60 tablets per 30-day supply

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed an adequate trial of generic risperidone?

PROTON PUMP INHIBITORS

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☒	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of brand name proton pump inhibitors as second line agents to omeprazole for FDA approved indications.

STEP 1 DRUG:
omeprazole

STEP 2 DRUGS:
AcipHex (rabeprazole sodium)
Dexilant (dexlansoprazole)
Nexium (esomeprazole)
omeprazole/sodium bicarbonate

PRODUCT AVAILABILITY:
AcipHex (rabeprazole sodium): 20mg delayed-release tablets
Dexilant (dexlansoprazole): 30mg and 60mg delayed-release capsules
Nexium (esomeprazole): 20mg and 40mg delayed-release capsules
10mg, 20mg, and 40mg delayed-release powder for suspension
omeprazole/sodium bicarbonate: 20mg/1,100mg and 40mg/1,100mg capsules
20mg/1,680mg and 40mg/1,680mg powder for oral suspension

QUANTITY LIMITS:
AcipHex (rabeprazole sodium): 60 tablets per 30-day supply
Dexilant (dexlansoprazole): 30 capsules per 30-day supply
Nexium (esomeprazole): 30 capsules per 30-day supply
omeprazole/sodium bicarbonate: 60 capsules per 30-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed an adequate trial of generic omeprazole?**

ANALGESICS – FENTANYL

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of fentanyl for FDA approved indications.

PRODUCT AVAILABILITY:

Actiq (fentanyl citrate): 200mcg, 400mcg, 600mcg, 800mcg, 1,200mcg, and 1,600mcg lozenge on a stick
Duragesic (fentanyl): 12.5mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, and 100mcg/hr 72 hour patch
Fentora (fentanyl citrate): 100mcg, 200mcg, 400mcg, 600mcg, and 800mcg buccal tablet
Onsolis (fentanyl citrate): 200mcg, 400mcg, 600mcg, 800mcg, and 1,200mcg buccal film

QUANTITY LIMITS:

Actiq (fentanyl citrate): 90 lozenges per 30-day supply
Duragesic (fentanyl): 10 patches per 30-day supply
Fentora (fentanyl citrate): 120 buccal tablets per 30-day supply
Onsolis (fentanyl citrate): 200 and 400mcg – 90 films per 30-day supply
600mcg – 60 films per 30-day supply
800mcg and 1,200mcg – 30 films per 30-day supply

GUIDELINES FOR USE:

1) **What is the specialty of the prescribing physician?**

2) **Has the patient recently received an evaluation from an oncology or pain management specialist?**

3) **Does the patient have chronic pain?**

4) **Is the request for Duragesic or generic fentanyl patches?**

5) **Is the patient unable to take or intolerant to oral long-acting opioid narcotic analgesics, such as sustained-release morphine, methadone, or extended-release oxymorphone?**

6) **Is the request for fentanyl patch dosing more frequent than 1 patch every 3 days?**

7) **Will the patient be taking fentanyl citrate lozenges, buccal tablets, or soluble film to treat breakthrough pain while on a long-acting opioid narcotic analgesic?**

8) **Is the patient unable to take or is intolerant to other short-acting opioid narcotic analgesics?**

9) **Does the patient have difficulty swallowing?**

10) **Has the patient tried and failed fentanyl citrate lozenges or buccal tablets?**

11) **Does the patient have a medical condition that requires the use of fentanyl citrate buccal film compared to alternative oral forms of fentanyl citrate? If yes, please specify.**

12) **Has the patient tried and failed or is intolerant to current dosed patch at an every 3 day interval for a total of 6 days?**

THIAZOLIDINEDIONES (TZD's)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☒	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of TZD's as second line agents to metformin and sulfonylurea for Type 2 diabetes mellitus.

STEP 1 DRUG:

glimepiride
glipizide
glipizide/metformin
glyburide
glyburide/metformin
metformin

STEP 2 DRUGS:

Actos (pioglitazone)
ActoPlus Met (pioglitazone/metformin)
ActoPlus Met XR (pioglitazone/metformin)
Duetact (pioglitazone/glimepiride)
Avandia (rosiglitazone)
Avandamet (rosiglitazone/metformin)
Avandaryl (rosiglitazone maleate/glimepiride)

PRODUCT AVAILABILITY:

Actos (pioglitazone): 15mg, 30mg, and 45mg tablets
ActoPlus Met (pioglitazone/metformin): 15mg/500mg and 15mg/850mg tablets
ActoPlus Met XR (pioglitazone/metformin): 15mg/1,000mg and 30mg/1,000mg extended-release tablets
Duetact (pioglitazone/glimepiride): 30mg/2mg and 30mg/4mg tablets
Avandia (rosiglitazone): 2mg, 4mg, and 8mg tablets
Avandamet (rosiglitazone/metformin): 2mg/500mg, 2mg/1,000mg, 4mg/500mg, and 4mg/1,000mg tablets

Avandaryl (rosiglitazone maleate/glimepiride): 4mg/1mg, 4mg/2mg, 4mg/4mg, 8mg/2mg, 8mg/4mg tablets

QUANTITY LIMITS:

Actos (pioglitazone): 30 tablets per 30-day supply
ActoPlus Met (pioglitazone/metformin): 90 tablets per 30-day supply
ActoPlus Met XR (pioglitazone/metformin): 30 tablets per 30-day supply
Duetact (pioglitazone/glimepiride): 45 tablets per 30-day supply
Avandia (rosiglitazone): 2mg and 4mg – 45 tablets per 30-day supply
8mg – 30 tablets per 30-day supply
Avandamet (rosiglitazone/metformin): 60 tablets per 30-day supply
Avandaryl (rosiglitazone maleate/glimepiride):4/1mg and 4/2mg – 60 tablets per 30-day supply
4/4mg, 8/2mg, and 8/4mg – 30 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Does the patient have Type-II diabetes mellitus?**

3) **Does the patient have NYHA Stage-III or Stage-IV congestive heart failure?**

4) **Has the patient tried and failed a 60-day trial at maximum tolerated doses of generic metformin and sulfonylurea therapy or does the patient have a contraindication to both metformin and sulfonylurea?**

5) **Is the requested medication being added in combination to metformin and/or sulfonylurea therapy because the current treatment does not achieve adequate glycemic control?**

AMRIX (cyclobenzaprine ER)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Amrix as a second line agent to generic cyclobenzaprine.

STEP 1 DRUG:
cyclobenzaprine

STEP 2 DRUGS:
Amrix (cyclobenzaprine ER)

PRODUCT AVAILABILITY:
Amrix (cyclobenzaprine ER): 15mg and 30mg extended-release capsules

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic cyclobenzaprine?

TESTOSTERONE PRODUCTS

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of testosterone for FDA approved indications not related to sexual dysfunction.

PRODUCT AVAILABILITY:

Androderm (testosterone): 2.5mg/24hr and 5mg/24hr transdermal patch
AndroGel (testosterone): 1% gel pump, 25mg/2.5g and 50mg/5g transdermal gel packet
Striant (testosterone): 30mg buccal system
Testim (testosterone): 1% transdermal gel; 50mg/5g tube
Testopel (testosterone): 75mg implantable pellet

QUANTITY LIMITS:

Androderm (testosterone): 2.5mg/24hr – 60 patches per 30-day supply
5mg/24hr – 30 patches per 30-day supply
AndroGel (testosterone): 25mg/2.5g – 30 packets (75g) per 30-day supply
50mg/5g – 60 packets (300g) per 30-day supply
1% Pump – 4 pumps (300g) per 30-day supply
Striant (testosterone): 60 buccal systems per 30-day supply
Testim (testosterone): 60 tubes (300g) per 30-day supply
Testopel (testosterone): 6 pellets per 90-day supply

GUIDELINES FOR USE:

1) **Is the patient a male 18 years of age or older diagnosed with hypogonadism (primary or secondary)?**

2) **Does the patient have a laboratory confirmed total serum testosterone level of less than 250ng/dL (8.7nmol/L) obtained within 90 days?**

3) **Does the patient have a laboratory confirmed total serum testosterone level between 250ng/dL and 350ng/dL (12nmol/L) and a free serum testosterone level of less than 50ng/L (174pmol/L) obtained within 90 days?**
4) **Is the patient a male < 18 years of age diagnosed with delayed puberty?**

5) **Is the request for testosterone pellets?**

6) **Is the patient a female who is 1 to 5 years postmenopausal with advanced inoperable metastatic mammary cancer?**

7) **Is the patient a female who is premenopausal with breast cancer who has benefited from oophorectomy and is considered hormone responsive?**

8) **What is the specialty of the prescribing physician?**

9) **If the request is for Androgel, please circle which form the enrollee will receive it in:**

ANGIOTENSIN RECEPTOR BLOCKERS (ARB's) & DIRECT RENIN INHIBITORS

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of brand name ARB's, ARB combination products, direct rennin inhibitors, and direct rennin inhibitor combination products as second line agents to generic losartan potassium for the treatment of hypertension.

STEP 1 DRUG:
losartan/hctz

STEP 2 DRUGS:
Atacand/HCT (candesartan/hctz)
Benicar/HCT (olmesartan/hctz)
Azor (olmesartan/amlodipine)
Tribenzor (olmesartan/amlodipine/hctz)
Teveten/HCT (eprosartan/hctz)
Avapro/Avalide (irbesartan/hctz
Micardis/HCT (telmisartan/hctz)
Twynsta (telmisartan/amlodipine)
Diovan/HCT (valsartan/hctz)
Exforge/HCT (valsartan/amlodipine/hctz)
Tekturna/HCT (aliskiren/hctz)
Valturna (aliskiren/valsartan)
Tekamlo (aliskiren/amlodipine)
Amturnide (aliskiren/amlodipine/hctz)

POLICY:
1) Step 1 drugs are covered with no restrictions.
2) Step 2 drugs are covered if a claim exists for the step 1 drug within the previous 180 days.
3) Once a step 2 drug has been approved, another step 2 drug may automatically be approved.

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient failed a trial of generic losartan or losartan/hctz combination?**

BYETTA (exenatide) & VICTOZA (liraglutide)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of glucagon-like peptide-1 (GLP-1) receptor agonists for FDA approved indications.

PRODUCT AVAILABILITY:

Byetta (exenatide): 5mcg/0.02mL and 10mcg/0.04mL pen
Victoza (liraglutide): 18mg/3mL pen

QUANTITY LIMITS:

Byetta (exenatide): 1 pen per 30-day supply
Victoza (liraglutide): 3 pens per 30-day supply

GUIDELINES FOR USE:

1) **Does the patient have Type II Diabetes?**

2) **Has the patient recently been seen by a diabetes educator and/or is following a diabetes treatment plan?**

3) **Has treatment with generic metformin, insulin, and/or a sulfonylurea agent failed to provide adequate diabetes control within the past six months as defined by HbA1c (HbA1c>7)?**

4) **Does the patient have end-stage renal disease or severe renal impairment (CrCl<30mL/min)?**

5) **Does the patient have severe gastrointestinal disease (including gastroporesis) or is at risk for thyroid tumor development?**

ANTIDEPRESSANTS

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Step 2 antidepressants as second line agents to more cost-effective generic options.

STEP 1 DRUG:
citalopram
fluoxetine
paroxetine
sertraline
bupropion IR tablets
venlafaxine IR tablets

STEP 2 DRUGS:
budeprion SR tablets
budeprion XL tablets
bupropion HCl SR tablets
bupropion XL tablets
venlafaxine ER tablets
venlafaxine SR capsules
Lexapro (escitalopram)
Pristiq (desvenlafaxine)
Cymbalta (duloxetine)

PRODUCT AVAILABILITY:
budeprion SR: 100mg and 150mg tablets
budeprion XL: 150mg and 300mg tablets
bupropion SR: 100mg, 150mg, and 200mg tablets
bupropion XL: 150mg and 300mg tablets

Lexapro (escitalopram): 5mg, 10mg, 20mg tablets
Pristiq (desvenlafaxine): 50mg and 100mg tablets
Cymbalta (duloxetine): 20mg, 30mg, and 60mg capsules

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of generic citalopram, fluoxetine, paroxetine, sertraline, bupropion IR and/or venlafaxine IR tablets?**

ASACOL HD (mesalamine DR)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Asacol HD.

STEP 1 DRUG:
Asacol

STEP 2 DRUGS:
Asacol HD (mesalamine DR)

PRODUCT AVAILABILITY:
Asacol HD (mesalamine DR): 800mg tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of Asacol?

CELEBREX (celecoxib)

	ODS Rx2.0 ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☒	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Celebrex as a second line agent to Non-Steroidal Anti-Inflammatory Agents for the treatment of all FDA approved indications.

STEP 1 DRUG:
meloxicam
nabumetone
piroxicam
naproxen
diclofenac

STEP 2 DRUGS:
Celebrex (celecoxib)

PRODUCT AVAILABILITY:
Celebrex (celecoxib): 50mg, 100mg, 200mg, and 400mg capsules

QUANTITY LIMITS:
Celebrex (celecoxib): 60 capsules per 30-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a trial of two prescription-strength Non-Steroidal Anti-Inflammatory Drugs, (may be brand or generic) for their current condition?**

3) **Is the enrollee currently receiving Coumadin (warfarin) or dicoumarol?**

4) **Does the patient have a reduced platelet count or other coagulation disorder?**

5) **Does the patient have familial adenomatous polyposis (FAP) or attenuated adenomatous polyposis coli (AAPC)?**

6) **Is Celebrex being used for the treatment of cancer as part of a cancer chemotherapy regimen?**

CLARINEX (desloratadine)

	ODS Rx2.0 ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Clarinex.

STEP 1 DRUG:
Allegra (fexofenadine)
Allegra D (fexofenadine/pseudoephedrine)

STEP 2 DRUGS:
Clarinex (desloratidine)

PRODUCT AVAILABILITY:
Clarinex (desloratidine): 5mg tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of Allegra or Allegra D?

CLOBETA+PLUS (clobetasol/coal tar)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Clobeta+Plus as a second line agent to generic clobetasol propionate.

STEP 1 DRUG:
clobetasol propionate

STEP 2 DRUGS:
Clobeta+Plus (clobetasol/coal tar)

PRODUCT AVAILABILITY:
Clobeta+Plus (clobetasol/coal tar): cream/ointment USP, 0.05% kit

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of generic clobetasol propionate?**

COGNEX (tacrine)

	ODS Rx2.0 ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Cognex.

STEP 1 DRUG:
Galantamin HBR (galantamine)
Exelon (rivastigmine)
Aricept (donepezil)

STEP 2 DRUGS:
Cognex (tacrine)

PRODUCT AVAILABILITY:
Cognex (tacrine): 10mg, 20mg, 30mg, and 40mg capsule

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of Galantamine HBR, Exelon, and/or Aricept?**

DEPRIZINE (ranitidine HCl)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Deprizine as a second line agent to generic ranitidine HCl.

STEP 1 DRUG:
ranitidine HCl

STEP 2 DRUGS:
Deprizine (ranitidine HCl)

PRODUCT AVAILABILITY:
Deprizine (ranitidine HCl): 15mg/mL compounding kit for oral suspension

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic ranitidine?

DESONIL+PLUS (desonide/emollient combo No.3)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Desonil+Plus as a second line agent to generic desonide.

STEP 1 DRUG:
desonide

STEP 2 DRUGS:
Desonil+Plus (desonide/emollient combo No.3)

PRODUCT AVAILABILITY:
Desonil+Plus (desonide/emollient combo No.3): cream/ointment 0.05% kit

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic desonide?

EMBEDA (morphine sulfate / naltrexone HCl)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of Embeda for FDA approved indications.

PRODUCT AVAILABILITY:

Embeda (morphine/naltrexone): 20mg/0.8mg, 30mg/1.2mg, 50mg/2mg, 60mg/2.4mg, 80mg/3.2mg, and 100mg/4mg extended-release capsules

QUANTITY LIMITS:

Embeda (morphine/naltrexone): 60 capsules per 30-day supply

GUIDELINES FOR USE:

1) **What is the specialty of the prescribing physician?**

2) **Has the patient recently received an evaluation from an oncology or pain management specialist?**

3) **Does the patient have moderate to severe chronic pain?**

4) **Is the patient considered opioid tolerant and has a documented history of opioid use?**

5) **Has the patient and provider established a formal pain contract with treatment goals, frequent follow-up, and monitoring parameters?**

6) **Has the patient been counseled on the effects of alcohol while on Embeda and been advised to abstain from alcoholic beverages and medications?**

7) **Is there an increased risk for misuse, abuse, or diversion that warrants Embeda over other long acting opioid agonists?**

8) **Has the patient been counseled on the dangerous effects of crushing, dissolving, or chewing Embeda?**

9) **Has the patient tried and failed extended-release morphine sulfate?**

EXALGO (hydromorphone HCl)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of Exalgo for the treatment of moderate to severe pain in opioid tolerant patients.

PRODUCT AVAILABILITY:

Exalgo (hydromorphone HCl): 8mg, 12mg, and 16mg extended-release tablets

QUANTITY LIMITS:

Exalgo (hydromorphone HCl): 60 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Is this request for new therapy of Exalgo?**

2) **Does the patient have an allergy to sulfa drugs?**
   a) **If yes, forward to clinical for review**

3) **Has the patient been counseled not to crush or chew the tablets?**

4) **Has the patient been counseled not to take this medication with alcohol?**

5) **Is the patient considered opioid tolerant and has a documented history of opioid use??**

6) **Does the patient have moderate to severe chronic pain?**

7) **Is the patient unable to take or is intolerant to at least 3 oral long-acting opioid narcotic analgesics such as sustained-release morphine, sustained-release oxycodone, methadone, and/or extended-release oxymorphone?**

8) **Does the patient have a malignancy, terminal illness, or is the patient currently receiving hospice care?**

9) **Has the patient and provider established a formal pain contract with treatment goals, frequent follow-up, and monitoring parameters?**

10) **Has the patient received an evaluation by a pain management specialist within the last six months?**

11) **Approve for three months per the above quantity limitations**

<u>Renewal Criteria</u>

12) **Has the patient maintained or improved function and reduced pain while receiving Exalgo therapy?**

FANATREX (gabapentin)

	ODS Rx2.0 ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Fanatrex as a second line agent to Neurontin oral solution.

STEP 1 DRUG:
Neurontin (gabapentin) oral solution

STEP 2 DRUGS:
Fanatrex (gabapentin)

PRODUCT AVAILABILITY:
Fanatrex (gabapentin): 25mg/mL compounding kit for oral suspension

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of Neurontin (gabapentin) 250mg/5mL oral solution?**

3) **Does the patient have difficulty swallowing?**

INSULIN & INSULIN ANALOGS

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☒	**STEP THERAPY** ☐	

PURPOSE: To ensure appropriate use of insulin and insulin analogs within standard dosing guidelines for FDA approved indications.

PRODUCT AVAILABILITY:

Novolog (insulin aspart): 100units/mL – 10mL vial, 3mL PenFill cartridge, and 3mL FlexPen prefilled syringe
Novolog Mix 70/30 (insulin aspart): 100units/mL – 10mL vial and 3mL FlexPen prefilled syringe
Levemir (insulin detemir): 100units/mL – 10mL vial and 3mL FlexPen prefilled syringe
Lantus (insulin glargine): 100units/mL – 10mL vial, 3mL OptiClik cartridge, and 3mL pen prefilled syringe (Solostar)
Apidra (insulin glulisine): 100units/mL – 10mL vial, 3mL OptiClik cartridge, and 3mL pen prefilled syringe (Solostar)
Humulin N (insulin isophane NPH): 100units/mL – 10mL vial and 3mL pen prefilled syringe
Novolin N (insulin isophane NPH): 100units/mL – 10mL vial
Humulin 70/30 (insulin isophane and regular): 100units/mL – 10mL vial and 3mL pen prefilled syringe
Novolin 70/30 (insulin isophane and regular): 100units/mL – 10mL vial
Humulin 50/50 (insulin isophane and regular): 100units/mL – 10mL vial
Humalog (insulin lispro): 100units/mL – 10mL vial, 3mL cartridge, 3mL pen prefilled syringe
Humalog Mix 50/50 (insulin lispro): 100units/mL – 10mL vial and 3mL pen prefilled syringe
Humalog Mix 75/25 (insulin lispro): 100units/mL – 10mL vial and 3mL pen prefilled syringe
Humulin R (insulin regular): 100units/mL – 10mL vial
Novolin R (insulin regular): 100units/mL – 10mL vial
Humulin R Regular U-500 (concentrate): 500units/mL – 20mL vial

QUANTITY LIMITS:

200units per day of insulin (6,000units per 30-day supply)

- #6 (10mL) 100units/mL Vials per 30-day supply
- #20 (3mL) 100units/mL Cartridges per 30-day supply
- #20 (3mL) 100units/mL Pen PFS per 30-day supply
- #1 (20mL) 500units/mL Vial per 30-day supply of Humulin R Regular U-500

POLICY:

1) Quantities of 100units/mL insulin and insulin analogs beyond 6 (10mL) vials per 30-day supply or 20 (3mL) cartridges or PFS per 30-day supply will only be allowed when an enrollee demonstrates medical necessity.

GUIDELINES FOR USE:

1) What is the treatment dose and directions of use?

JALYN (dutasteride / tamsulosin HCl)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Jalyn as a second line agent to generic tamsulosin.

STEP 1 DRUG:
tamsulosin HCl

STEP 2 DRUGS:
Jalyn (dutasteride/tamsulosin HCl)

PRODUCT AVAILABILITY:
Jalyn (dutasteride/tamsulosin HCl): 0.5mg/0.4mg capsules

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic tamsulosin?

DIPEPTIDYL PEPTIDASE-4 INHIBITORS (DPP-4 inhibitors)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of DPP-4 inhibitors as second line agents to metformin and sulfonylurea for Type 2 diabetes mellitus.

STEP 1 DRUG:
glimepiride
glipizide
glipizide/metformin
glyburide
glyburide/metformin
metformin

STEP 2 DRUGS:
Januvia (sitagliptin)
Janumet (sitagliptin/metformin)
Onglyza (saxagliptin)
Kombiglyze XR (saxagliptin/metformin)

PRODUCT AVAILABILITY:
Januvia (sitagliptin): 25mg, 50mg, and 100mg tablet
Janumet (sitagliptin/metformin): 50mg/500mg and 50mg/1,000mg tablet
Onglyza (saxagliptin): 2.5mg and 5mg tablet
Kombiglyze XR (saxagliptin/metformin): 5mg/500mg, 5mg/1,000mg, 2.5mg/1,000mg tablets

QUANTITY LIMITS:

Januvia (sitagliptin): 30 tablets per 30-day supply
Janumet (sitagliptin/metformin): 60 tablets per 30-day supply
Onglyza (saxagliptin): 30 tablets per 30-day supply
Kombiglyze XR (saxagliptin/metformin): 5/500mg and 5/1,000mg – 30 tablets per 30-day supply
2.5mg/1,000mg – 60 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Does the patient have Type-II diabetes mellitus?**

3) **Has the patient tried and failed a 60-day trial at maximum tolerated doses of generic metformin and sulfonylurea therapy or does the patient have a contraindication to both metformin and sulfonylurea?**

4) **Is the requested medication being added in combination to metformin and/or sulfonylurea therapy because the current treatment does not achieve adequate glycemic control?**

EFFIENT (prasugrel)

	ODS Rx[2.0] ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of Effient for FDA approved indications.

PRODUCT AVAILABILITY:

Effient (prasugrel): 5mg and 10mg tablet

QUANTITY LIMITS:

Effient (prasugrel): 30 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Is the patient older than 75 years of age?**

2) **Does the patient weigh less than 60kg (132lbs)?**

3) **Is the patient taking other medications that increase the risk of bleeding (warfarin, heparin, fibrinolytic agents, clopidogrel, or NSAID medication other than aspirin)?**

4) **Does the patient have a history of stroke or prior TIA (transient ischemic attack)?**

ENTOCORT EC (budesonide DR)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Entocort EC.

STEP 1 DRUG:
dexamethasone
prednisone
methyprednisone
cortisone

STEP 2 DRUGS:
Entocort EC (budesonide DR)

PRODUCT AVAILABILITY:
Entocort EC (budesonide DR): 3mg capsules

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of an oral glucocorticoid (i.e. dexamethasone, prednisone, or cortisone)?**

ERECTILE DYSFUNCTION MEDICATIONS

ODS Rx2.0 ☐	OEBB ☐	OHP ☐
OTHER ☒	*** APPLIES TO PLANS COVERING ERECTILE DYSFUNCTION MEDICATIONS**	
NON-SPECIALTY ☒	SPECIALTY ☐	
PA ☒	QLL ☒	STEP THERAPY ☐

PURPOSE: To ensure proper utilization for the treatment of erectile dysfunction.

PRODUCT AVAILABILITY:

Cialis (tadalafil): 2.5mg, 5mg, 10mg, and 20mg tablet
Levitra (vardenafil HCl): 2.5mg, 5mg, 10mg, and 20mg tablet
Viagra (sildenafil citrate): 25mg, 50mg, and 100mg tablet

QUANTITY LIMITS:

Cialis (tadalafil): 6 tablets per 30-day supply
Levitra (vardenafil HCl): 6 tablets per 30-day supply
Viagra (sildenafil citrate): 6 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Is the patient being treated for erectile dysfunction from organic causes of spinal cord injury, diabetes, peripheral vascular disease, hypertension, hyperlipidemia, or history of prostate surgery and have ruled out other endogenic causes for impotence (i.e. panhypopituitarism, hypogonadism, or hypothyroidism)?**

2) **Is the member taking nitrates?**

3) **Is the member currently taking a non-selective alpha blocker (i.e. doxazosin, prazosin, or terazosin)?**

TOPICAL ESTROGENS

	ODS Rx2.0 ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of topical estrogens as second line agents to Estring, Femring, and/or Vagifem for FDA approved indications.

STEP 1 DRUG:
Estring (estradiol)
Femring (estradiol acetate)
Vagifem (estradiol)

STEP 2 DRUGS:
Estrace Cream (estrogen cream)
Premarin Cream (conjugated estrogen cream)

PRODUCT AVAILABILITY:
Estrace Cream (estrogen cream): 0.1 mg/g cream
Premarin Cream (conjugated estrogen cream): 0.625 mg/g cream

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of Vagifem, Femring, or Estring?**

FORTEO (teriparatide)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☐	**SPECIALTY** ☒		
PA ☐	**QLL** ☒	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Forteo.

STEP 1 DRUG:
alendronate
Boniva (ibandronate)
Actonel (risedronate)

STEP 2 DRUGS:
Forteo (teriparatide)

PRODUCT AVAILABILITY:
Forteo (teriparatide): 250 mcg/mL solution (2.4mL pen)

QUANTITY LIMITS:
Forteo (teriparatide): 1 pen per 30-day supply
3 pens per 90-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of alendronate, Boniva, and/or Actonel?**

LONG-ACTING BETA AGONISTS (LABA)

☐	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of long-acting beta agonists.

STEP 1 DRUG:
albuterol HFA

STEP 2 DRUGS:
Foradil (formoterol fumarate)
Serevent Diskus (salmeterol xinafoate)

PRODUCT AVAILABILITY:

Foradil Aerolizer (formoterol fumarate): 12mcg inhalation capsule
Serevent Diskus (salmeterol xinafoate): 50mcg/dose, aerosol powder breath activated

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of albuterol HFA?

AGENTS USED TO TREAT INSOMNIA

☐	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☒	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of sedative hypnotics and Silenor as second line agents to generic zolpidem to treat insomnia.

STEP 1 DRUG:
zolpidem tartrate, immediate-release

STEP 2 DRUGS:
Lunesta (eszopiclone)
Rozerem (ramelteon)
Edluar (zolpidem tartrate, sublingual tablet)
Silenor (doxepin HCl)

PRODUCT AVAILABILITY:
Lunesta (eszopiclone): 1mg, 2mg, and 3mg tablet
Rozerem (ramelteon): 8mg tablet
Edluar (zolpidem tartrate, sublingual tablet): 5mg and 10mg sublingual tablet
Silenor (doxepin HCl): 3mg and 6mg tablet

QUANTITY LIMITS:
Lunesta (eszopiclone): 30 tablets per 30-day supply
Rozerem (ramelteon): 30 tablets per 30-day supply
Edluar (zolpidem tartrate, sublingual tablet): 30 sublingual tablets per 30-day supply
Silenor (doxepin HCl): 30 tablets per 30-day supply

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a 60-day trial period of generic zolpidem tartrate, immediate-release?**

METOZOLV ODT (metoclopramide HCl)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Metozolv ODT as a second line agent to generic metoclopramide HCl.

STEP 1 DRUG:
metoclopramide HCl

STEP 2 DRUGS:
Metozolv ODT (metoclopramide HCl)

PRODUCT AVAILABILITY:
Metozolv ODT (metoclopramide HCl): 5mg and 10mg dispersible tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic metoclopramide?

OLEPTRO (trazodone HCl)

☐	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Oleptro as a second line agent to generic trazodone HCl.

STEP 1 DRUG:
trazodone HCl

STEP 2 DRUGS:
Oleptro (trazodone HCl)

PRODUCT AVAILABILITY:
Oleptro (trazodone HCl): 150mg and 300mg extended-release tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic trazodone?

ORAL ANTIBIOTICS FOR ACNE

☐	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of oral antibiotics for acne.

STEP 1 DRUG:
doxycycline

STEP 2 DRUGS:
Doryx (doxycycline DR)
Oracea (doxycycline ER)

PRODUCT AVAILABILITY:
Doryx (doxycycline DR): 75mg, 100mg, and 150mg tablets
Oracea (doxycycline ER): 40mg extended-release capsules

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of oral generic doxycycline?

PROTOPIC (tacrolimus) & ELIDEL (pimecrolimus)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Protopic and Elidel as second line agents to topical anti-inflammatory agents for FDA approved indications.

STEP 1 DRUG:
alclometasone topical
betamethasone topical
clobetasol topical
desonide topical
desoximetasone topical
diflorasone topical
fluocinolone topical
fluocinonide topical
flurandrenolide topical
fluticasone topical
halobetasol topical
hydrocortisone topical
mometasone topical
triamcinolone topical

STEP 2 DRUGS:
Protopic (tacrolimus)
Elidel (primecrolimus)

PRODUCT AVAILABILITY:
Protopic (tacrolimus): 0.03% and 0.1% ointment
Elidel (pimecrolimus): 1% cream

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of a topical generic anti-inflammatory (ie. betamethasone, clobetasol, hydrocortisone)?**

SOLODYN (minocycline ER)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Solodyn.

STEP 1 DRUG:
minocycline

STEP 2 DRUGS:
Solodyn (minocyclin ER)

PRODUCT AVAILABILITY:
Solodyn (minocyclin ER): 45mg, 65mg, 90mg, 115mg, and 135mg extended-release tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of oral generic minocycline?

SYNAPRYN (tramadol HCl)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Synapryn as a second line agent to generic tramadol HCl.

STEP 1 DRUG:
tramadol HCl

STEP 2 DRUGS:
Synapryn (tramadol HCl)

PRODUCT AVAILABILITY:
Synapryn (tramadol HCl): 10mg/mL compounding kit for oral suspension

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of generic tramadol?**

TABRADOL (cyclobenzaprine HCl)

	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Synapryn as a second line agent to generic tramadol HCl.

STEP 1 DRUG:
cyclobenzaprine HCl

STEP 2 DRUGS:
Tabradol (cyclobenzaprine HCl)

PRODUCT AVAILABILITY:
Tabradol (cyclobenzaprine HCl): 1mg/mL compounding kit for oral suspension

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic cyclobenzaprine?

TAZORAC (tazarotene)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☒	**QLL** ☐	**STEP THERAPY** ☐	

PURPOSE: To ensure the appropriate use of Tazorac for FDA approved indications.

PRODUCT AVAILABILITY:

Tazorac (tazarotene): 0.05% and 0.1% cream
0.05% and 0.1% gel

GUIDELINES FOR USE:

1) **What is the patient's diagnosis?**

2) **Has the patient tried and failed or does the patient have a contraindication to high potency topical corticosteroids such as fluocinonide?**

TERBINEX (terbinafine HCl / hydroxypropyl chitosan)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Terbinex as a second line agent to generic terbinafine HCl.

STEP 1 DRUG:
terbinafine HCl

STEP 2 DRUGS:
Terbinex (terbinafine HCl/hydroxypropyl chitosan)

PRODUCT AVAILABILITY:
Terbinex (terbinafine HCl/hydroxypropyl chitosan): 250mg/1% combination kit

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic terbinafine?

TOPICAL STEROIDS

	ODS Rx[2.0] ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of topical steroids.

STEP 1 DRUG:
hydrocortisone butyrate

STEP 2 DRUGS:
Locoid (hydrocortisone butyrate)
Locoid Lipocream (hydrocortisone butyrate)

PRODUCT AVAILABILITY:
Locoid (hydrocortisone butyrate): 0.1% lotion
Locoid Lipocream (hydrocortisone butyrate): 0.1% cream

POLICY:
1) Step 1 drugs are covered with no restrictions.
2) Step 2 drug is covered if a claim exists for at least one step 1 drug within the previous 180 days.
3) Only the lotion formulation of Locoid (hydrocortisone butyrate) requires step-therapy as the other formulations have a generic equivalent available.

GUIDELINES FOR USE:
1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic hydrocortisone butyrate cream, ointment, or solution?

TOPICAL NSAID'S

	ODS Rx[2.0] ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of topical Non-Steroidal Anti-Inflammatory Drugs.

STEP 1 DRUG:

aspirin
diclofenac
etodolac
ibuprofen
indomethacin
ketoprofen
meloxicam
naproxen
oxaprozin
piroxicam
salsalate
sodium slacylate
sulindac
tolmetin

STEP 2 DRUGS:

Flector (diclofenac epolamine)
Pennsaid (diclofenac sodium)
Solaraze (diclofenac sodium)
Voltaren (diclofenac sodium)

PRODUCT AVAILABILITY:

Flector (diclofenac epolamine): 1.3% patch
Pennsaid (diclofenac sodium): 1.5% solution
Solaraze (diclofenac sodium): 3% gel
Voltaren (diclofenac sodium): 1% gel

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of a generic Non-Steroidal Anti-Inflammatory Drug (i.e. aspirin, diclofenac, naproxen)?**

ZANAFLEX (tizanidine)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Zanaflex.

STEP 1 DRUG:
tizanidine

STEP 2 DRUGS:
Zanaflex (tizanidine)

PRODUCT AVAILABILITY:
Zanaflex (tizanidine): 2mg, 4mg, and 6mg capsules
2mg and 4mg tablets

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic tizanidine?

ZELAPAR (selegiline HCl)

	ODS Rx[2.0] ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☒	QLL ☒	STEP THERAPY ☐	

PURPOSE: To ensure the appropriate use of Zelapar for the treatment of Parkinson's disease.

PRODUCT AVAILABILITY:
Zelapar (selegiline HCl): 1.25mg dispersible tablet

QUANTITY LIMITS:
Zelapar (selegiline HCl): 60 tablets per 30-day supply

GUIDELINES FOR USE:

4) **Is the patient at least 18 years of age or older?**

5) **What is the specialty of the prescribing physician?**

6) **Has the patient recently received an evaluation from a neurology specialist?**

7) **Does the patient have a diagnosis of Parkinson's disease?**

8) **Will the patient take Zelapar as adjunctive management of Parkinson's disease concurrently with carbidopa/levodopa (Sinemet, Sinemet CR, Parcopa) or carbidopa/levodopa/entacapone (Stalevo)?**

9) **Has the patient tried and failed or is intolerant to generic selegiline?**

ZONATUSS (benzonatate)

☐	ODS Rx$^{2.0}$ ☒	OEBB ☒	OHP ☐
NON-SPECIALTY ☒	SPECIALTY ☐		
PA ☐	QLL ☐	STEP THERAPY ☒	

PURPOSE: To ensure the appropriate use of Zonatuss as a second line agent to generic benzonatate for the symptomatic relief of cough.

STEP 1 DRUG:
benzonatate

STEP 2 DRUGS:
Zonatuss (benzonatate)

PRODUCT AVAILABILITY:
Zonatuss (benzonatate): 150mg capsules

GUIDELINES FOR USE:

1) Has the patient been started and stabilized on the requested medication?

2) Has the patient tried and failed a prior prescription of generic benzonatate?

ZUPLENZ (ondansetron)

	ODS Rx$^{2.0}$ ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☐	**STEP THERAPY** ☒	

PURPOSE: To ensure the appropriate use of Zuplenz as a second line agent to generic ondansetron.

STEP 1 DRUG:
ondansetron

STEP 2 DRUGS:
Zuplenz (ondansetron)

PRODUCT AVAILABILITY:
Zuplenz (ondansetron): 4mg and 8mg oral soluble film

GUIDELINES FOR USE:

1) **Has the patient been started and stabilized on the requested medication?**

2) **Has the patient tried and failed a prior prescription of generic ondansetron?**

QUANTITY LIMIT GENERAL CRITERIA

	ODS Rx[2.0] ☒	**OEBB** ☒	**OHP** ☐
NON-SPECIALTY ☒	**SPECIALTY** ☐		
PA ☐	**QLL** ☒	**STEP THERAPY** ☐	

PURPOSE: To ensure the appropriate use of medications based on FDA approved dosage guidelines and indications.

PRODUCT AVAILABILITY:

This criteria is to be used for all medications with a quantity limit restriction that do not currently have specific criteria developed. This includes, but is not limited to, the following medications:

Brand Name	Generic Name
Adderall XR	dextroamphetamine / amphetamine
Amerge	naratriptan HCl
Apidra	insulin glulisine
Avinza	morphine sulfate
Axert	amlotriptan
Bystolic	nebivolol
Caduet	amlodipine / atorvastatin calcium
Clozaril	clozapine
Fazaclo	clozapine
Focalin	dexmethylphenidate HCl
Focalin XR	dexmethylphenidate HCl
Frova	frovatriptan succinate
Fuzeon	enfuvirtide
Imitrex	sumatriptan succinate
Lamisil	terbinafine
Lescol	fluvastatin
Lescol XL	fluvastatin

Lipitor	atorvastatin calcium
Livalo	pitavastatin calcium
Lyrica	pregabalin
Maxalt	rizatriptan benzoate
Maxalt MLT	rizatriptan benzoate
Nuvigil	armodafinil
Oxycontin	oxycodone HCl
Perforomist	formoterol fumarate
Prevacid	lansoprazole
Prilosec	omeprazole
Protonix	pantoprazole
Provigil	modafinil
Razadyne	galantamine
Razadyne ER	galantamine
Relpax	eletriptan HBr
Restasis	cyclosporine
Risperdal	risperidone
Risperdal M-TAB	risperidone
Stadol	butorphanol tartrate
Strattera	atomoxetine
Suboxone	buprenorphine HCl / naloxone HCl
Treximet	sumatriptan succinate / naproxen sodium
Ultracet	tramadol HCl / APAP
Vimpat	lacosamide
Vytorin	ezetimibe / simvastatin
Vyvanse	lisdexamfetamine dimesylate
Xifaxan	rifaximin
Xyzal	levoxetirizine dihydrochloride
Zomig	zolmitriptan
Zomig ZMT	zolmitriptan

POLICY:

1) There are a number of medications with quantity limits that do not have medication specific criteria available. Quantity limit exception requests for these drugs are to be reviewed by the clinical team using the following general criteria questions.

GUIDELINES FOR USE:

1) What is the patient's diagnosis?

2) What is the treatment dose?

3) What clinical parameters will be monitored to establish treatment effectiveness?