

Pre Auth Criteria/Step Therapy – Salud and SCI

DRUG	PRE AUTH CRITERIA/STEP THERAPY
Actonel	Requires Step Therapy for generic Fosamax Quantity limits (35mg to #4/month)
Advair	Advair 500/50 dose requires prior authorization with adequate trial and failure of Dulera 200/5 dose.
Allegra (fexofenadine)	Requires Prior Authorization. Failure of loratidine and cetirizine.
Antabuse (disulfiram)	Requires Prior Authorization
Antipsychotics (Haldol, Mellaril, Stelazine and Thorazine)	Requires Prior Authorization
Aricept	Requires Prior Authorization
Adderall/Adderall XR/Concerta/Metadate CD - Attention Deficit Hyperactivity Disorder (ADHD)	Quantity limits 30 per 30 days
Atypical antipsychotics (Clozaril, Geodon, Risperdal, Invega, Zyprexa, Abilify)	Please notify us when prescribing these using the preauthorization form so that we can ensure coordination of care with Optum Health for Behavioral benefit.
Avonex	Requires Prior Authorization
Biaxin	Clarithromycin 500mg tab is formulary approved maximum 42 tablets over 14 days and daily dose of 3 tablets. Step therapy for proton pump inhibitor last 5 days for H. pylori treatment.
Campral (acamprosate)	Requires Prior Authorization.
Catapres Patch	Patient must be unable to take orally or have documented compliance issues
Celebrex	Only allowed for members 65 years of age or older
Chantix	Concurrent smoking cessation program required
Concerta	Quantity limited to 30 doses per 30 days
Copaxone	Requires Prior Authorization
Cough and Cold Age < 4 years old	Not covered for age less than 4 years old. MAD 8.324.4.14 Medicaid Noncovered Services - Pharmacy
Crestor	Requires Prior Authorization. Failure of Lipitor at maximum dose.
Cutivate (fluticasone)	Requires Prior authorization. Use betamethasone.
Cytovene	Requires Prior Authorization
Detrol LA	Trial and failure of ditropan
Diamox Sequels	Must have diagnosis of glaucoma or documented compliance issue with immediate release formulation
Diastat	Requires Prior Authorization
Differin	Limited to patients less than 40 years of age
Dolophine/Oxycontin/Fentanyl Patch	Trial and failure of short acting opiates for a minimum of three months
Dovonex (calcipotriene cream 0.005%)	Step therapy prior use of topical steroids.
Elidel	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Emend (aprepitant)	Requires Prior Authorization. Limited to 125mg on day one, 80mg on days two and three for the prevention of chemotherapy induced nausea and vomiting on highly ematogenic therapy.
Extavia	Requires Prior Authorization
Fentanyl Patch	Requires trial and failure of MS Contin.
Gleevec	Requires Prior Authorization
Glucose Test Strips – TRUEresult and TRUEtest	Limit of up to 150 test strips for Members not on insulin for diabetes. Limit of up to 200 test strips for Members on insulin for diabetes.
Humira	Requires Prior Authorization
Imitrex	Quantity limited to #9 per 45 days
Janumet	Step Therapy for metformin
Januvia	Approved as add on therapy after an adequate trial and failure of a sulfonylurea and/or Metformin
Keppra IR	Requires Prior Authorization
Kombiglyze XR	Step Therapy for metformin
Kytril	Requires Step Therapy for generic ondansetron. Quantity limited to #6 per month.
Levemir	Approved after an adequate trial and failure of Lantus.
Lindane	Requires Prior authorization. Failure of permethrin.
Lipitor	Approved after an adequate trial and failure of Simvastatin 40mg.

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Loniten	Plan exclusion, neither oral nor topical formulations are covered for male pattern baldness
Losartan and Losartan HCT	Requires Step Therapy for one Angiotensin converting Enzyme Inhibitor (ACEI)
Lovenox Inj	Quantity limited to 14 doses per month
Metadate CD	Quantity limited to 30 doses per 30 days
Methadone	Requires Prior Authorization. Not covered for detoxification and maintenance treatment of opiod addiction.
Miacalcin (calcitonin)	Requires Prior Authorization. Failure of formulary bisphosphinates.
Nasonex	Requires Step Therapy for generic fluticasone
Nicotine inhaler, lozenge, nasal spray, patch, polacrilex	Initial 3months therapy covered without prior authorization. Therapy beyond 3 months requires prior authorization
Onglyza	Approved as add on therapy after an adequate trial and failure of a sulfonylurea and/or Metformin
Ovide	Step Therapy for generic permethrin
Oxycontin	Requires failure of MS Contin.
Patanol	Requires Step Therapy for OTC Zaditor
Pegasys	Requires Prior Authorization
Peg-Intron	Requires Prior Authorization
Pentasa	Requires Prior Authorization
Plan B	Quantity limited to 6 courses of treatment year
Plendil (felodipine)	Requires Prior Authorization. Failure of amlodipine.
Pravachol (pravastatin)	Requires Prior Authorization. History of myalgias or intolerance to formulary statins.
Protonix	Requires Prior Authorization. Failure of Prilosec OTC (40mg) and Prevacid 24 hour OTC (30mg).
Protopic	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Pulmicort Respules	Only covered for children up to 6 years of age.
Pulmozyme	Requires Prior Authorization
Rebetol (Ribavirin)	Requires Prior Authorization
Relenza (zanamivir)	Formulary for 5 day treatment during influenza season. Outside of influenza season requires Prior Authorization.
Retin-A	Limited to patients less than 40 years of age
Revia (naltrexone)	Requires Prior Authorization
Seroquel/Seroquel-XR	For doses greater than 150mg. Doses less than 150mg not covered.
Simvastatin	Requires Prior Authorization for 80mg dose for those not previously on 80mg.
Singulair	No prior authorization required for use in Asthma; Not covered for Allergic Rhinitis.
Sonata	No Prior Authorization - Trial and failure of at least three formulary agents such as temazepam, triazolam, alprazolam, lorazepam, hydroxyzine, chloral hydrate, buspirone or zolpidem. Quantity limited to 15 capsules/30days
Spacer for inhalers	Two spacers covered per year. Prior authorization required only for spacers in excess of two per year.
Strattera (atomoxetine)	Requires Prior Authorization. Failure of formulary amphetamines or history of amphetamine abuse or cardiac contraindication of amphetamines.
Suboxone (buprenorphine and naltrexone)	Requires Prior Authorization. Treatment of opioid dependence only by licensed prescriber.
Subutex (buprenorphine)	Requires Prior Authorization. Treatment of opioid dependence only in pregnancy by licensed prescriber.
Tamiflu (oseltamivir)	Formulary for 5 day treatment during influenza season. Outside of influenza season requires Prior Authorization.
Tegretol XR	No Prior Authorization - Trial and failure of generic carbamazepine
Temodar	Requires Prior Authorization
Tobi	Requires Prior Authorization
Topamax	Covered for treatment of seizures or migraines when prescribed by a neurologist. Not approved or covered for psychiatric use
Valtrex (valacyclovir)	Requires Prior Authorization. Therapeutic failure of acyclovir.
Vermox (mebendazole)	Limited to 100mg twice daily for 3 days for the treatment of hookworm,

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	roundworm, whipworm. All other doses and lengths of therapy require Prior Authorization.
Victrelis (boceprevir)	Requires Prior Authorization. For the treatment of Hepatitis C genotype 1.
Vytorin	Trial and failure of at least two generic HMG Co A inhibitors such as pravastatin, lovastatin, simvastatin at maximum doses
Zetia	Requires Prior Authorization
Zofran	Quantity limited to #6 per month