

## Care Wisconsin 2010 Prior Authorization Criteria

- Alosetron (Lotronex)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of diarrhea-predominant irritable bowel syndrome in women –  
*Prescriber criteria:* Only physicians enrolled in the GlaxoSmithKline Prescribing Program - 1 year - Stop treatment if alosetron does not adequately control irritable bowel syndrome symptoms after 4 weeks of taking 1mg twice a day
- Aprepitant (Emend)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of chemotherapy induced nausea and vomiting. Should be used as an adjunct to therapy with a corticosteroid and selective serotonin reuptake inhibitor - 1 year
- Becaplermin (Regranex)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of diabetic neuropathic ulcers during a wound care consult -  
*Prescriber criteria:* Wound care specialist (MD, NP, or RN) - 1 year - Reassess treatment if ulcer has not decreased in size by 30% after 10 weeks or complete healing has not occurred in 20 weeks.
- Cyclosporine (Restasis)** - All FDA-approved indications not otherwise excluded from Part D – Ophthalmologist -1 year
- Exenatide (Byetta)** - All FDA-approved indications not otherwise excluded from Part D -1 year
- Interferon Alpha 2B (Intron A, Rebetrone)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Lacosamide (Vimpat)** - All FDA-approved indications not otherwise excluded from Part D. Patient should have exhibited lack of parital-onset seizure control on two or more other anticonvulsants - 1 year
- Lidocaine (Lidoderm)** - All FDA-approved indications not otherwise excluded from Part D. Management of pain associated with post-herpetic neuralgia, diabetic neuropathy, or chronic pain unrelieved by topical medications such as lidocaine gel. Skin in treatment area must be intact - 1 year
- Metformin Hydrochloride and Sitagliptin Phosphate (Janumet)** - All FDA-approved indications not otherwise excluded from Part D. Type 2 Diabetes with failure to meet blood glucose goals on multiple oral hypoglycemic agents - 1 year
- Micafungin sodium (Mycamine)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of esophageal candidiasis or for the prophylaxis of Candida infections in stem cell transplant patients. The patient must have either a history of Candida infections resistant to fluconazole or have micafungin prescribed by a specialist - 1 year
- Modafinil (Provigil)** - All FDA-approved indications not otherwise excluded from Part D. *To treat narcolepsy:* Maximum daily dose of 400mg and member must have failed at least two formulary alternatives (methylphenidate, amphetamine) or have a contraindication to the formulary alternatives. *To treat obstructive sleep apnea or hypopnea syndrome:* Maximum daily dose of 400mg and be used as an adjunct to continuous positive airway pressure (CPAP), when CPAP alone isn't enough (member must have tried CPAP alone first). *To treat shift work sleep disorder:* maximum daily dose of 400mg and member must have failed at least two

- formulary alternatives (methylphenidate, amphetamine) or have a contraindication to the formulary alternatives. *To treat severe multiple sclerosis-induced fatigue which interferes with activities of daily living*: maximum daily dose of 400mg and must have failed at least two formulary alternatives (methylphenidate, amphetamine, amantadine, antidepressants) - 1 year
- Montelukast sodium (Singulair Chew)** - All FDA-approved indications not otherwise excluded from Part D.- *Exclusion criteria*: Able to take a solid oral dosage form.- 1 year
- Montelukast sodium (Singulair)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of mild to moderate persistent asthma uncontrolled with an inhaled corticosteroid or diagnosis of allergic rhinitis uncontrolled by nasal steroids. Should be used in conjunction with inhaled steroid (asthma) or non-sedating antihistamine (rhinitis) - 1 year
- Neupogen (Filgrastim)** - All FDA-approved indications not otherwise excluded from Part D. Patient must demonstrate adequate response and continued response within 6 months of treatment in order to be eligible for PA renewal. Response goal to be set by prescriber.- 6 months
- Nicotine (Nicotrol NS)** - All FDA-approved indications not otherwise excluded from Part D. Patient must be enrolled in a smoking cessation program and treatment must not exceed 12 weeks per year - 1 year
- Nicotine (Nicotrol)** - All FDA-approved indications not otherwise excluded from Part D. Patient must be enrolled in a smoking cessation program and treatment must not exceed 12 weeks per year - 1 year
- Octreotide (Sandostatin)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of Acromegaly, Diarrhea and/or flushing associated with carcinoid tumors, Vasoactive Intestinal Peptide tumors (VIPomas), or AIDS, Bleeding esophageal varicities, TSH hypersecretion due to TSH-secreting adenoma (TSHOMA) or non-tumoral inappropria - 1 year
- Olanzapine (Zyprexa Zydis)** - All FDA-approved indications not otherwise excluded from Part D - *Exclusion criteria*: Able to take a solid oral dosage form - 1 year
- Ondansetron (Zofran)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Ondansetron Dispersible tablets (Zofran ODT)** - All FDA-approved indications not otherwise excluded from Part D - *Exclusion criteria*: Able to take a solid oral dosage form - 1 year
- Oxycodone (OxyContin)** - All FDA-approved indications not otherwise excluded from Part D. Severe chronic pain requiring long term medication and demonstrated intolerance to long acting morphine and methadone - 1 year
- Paliperidone (Invega)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Pramlintide Acetate (Symlin)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Pregabalin (Lyrica)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Ranolazine (Ranexa)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of chronic angina – *Prescriber criteria*: Cardiologist - 1 year

- Riluzole (Rilutek)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Risperidone (Risperdal M-Tab)** - All FDA-approved indications not otherwise excluded from Part D - *Exclusion criteria:* Able to take a solid oral dosage form - 1 year
- Rufinamide (Banzel)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Selegiline (Emsam)** - All FDA-approved indications not otherwise excluded from Part D - *Exclusion criteria:* Able to take a solid oral dosage form - 1 year
- Sitagliptin Phosphate (Januvia)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Telithromycin (Ketek)** - All FDA-approved indications not otherwise excluded from Part D. For treatment of infections due to susceptible strains of *Staphylococcus aureus*, *Streptococcus pneumoniae* (including multi-drug resistant isolates), *Haemophilus influenzae*, *Moraxella catarrhalis*, *Chlamydia pneumoniae* or *Mycoplasma pneumoniae* in patients who do not have congenital prolongation of QTc interval, ongoing proarrhythmic condition, such as hypokalemia or hypomagnesemia or concurrent treatment with a Class IA or Class III antiarrhythmic agent - 1 year
- Teriparatide (Forteo)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of primary idiopathic osteoporosis or hypogonadal osteoporosis in males or diagnosis of postmenopausal osteoporosis with high risk for fracture in women. Men and women must have a previous failure on a bisphosphonate - 1 year
- Testosterone (Androderm)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of hypogonadism. To continue therapy, measurable improvement must be seen and maintained after 3 months - 1 year
- Topriamate (Topamax sprinkle)** - All FDA-approved indications not otherwise excluded from Part D. - *Exclusion criteria:* Able to take a solid oral dosage form. - 1 year
- Vancomycin (Vancocin)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of antibiotic-associated *Clostridium difficile* colitis where a trial of metronidazole has failed or is contraindicated - 1 year
- Zafirlukast (Accolate)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of mild to moderate persistent asthma uncontrolled with an inhaled corticosteroid or diagnosis of allergic rhinitis uncontrolled by nasal steroids. Should be used in conjunction with inhaled steroid (asthma) or non-sedating antihistamine (rhinitis) - 1 year
- Varenicline (Chantix)** - All FDA-approved indications not otherwise excluded from Part D - 3 months per year - Patient must be enrolled in a smoking cessation program and must have failed at least one previous nicotine replacement product.
- Ezetimibe (Zetia)** - All FDA-approved indications not otherwise excluded from Part D. - 1 year - Unless a contraindication to a statin exists, use in conjunction with atorvastatin or simvastatin is preferred. Vytorin (simvastatin/ezetimibe) recommended when simvastatin is the preferred statin.

- Imiquimod (Aldara)** - All FDA-approved indications not otherwise excluded from Part D - *Prescriber criteria:* Dermatologist or oncologist - 1 year
- Desvenlafaxine (Pristiq)** - All FDA-approved indications not otherwise excluded from Part D - *Prescriber criteria:* Psychiatrist - 1 year
- Diclofenac (Solaraze)** - All FDA-approved indications not otherwise excluded from Part D - *Prescriber criteria:* Dermatologist - 1 year
- Duloxetine (Cymbalta)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of painful neuropathy not responsive to gabapentin or diagnosis of depression with previous failure of at least one tier one antidepressant - 1 year
- Eltrombopag olamine (Promacta)** - All FDA-approved indications not otherwise excluded from Part D - 1 year
- Epoetin (Epoegen/Procrit)** - All FDA-approved indications not otherwise excluded from Part D. - Not for use in anemia of chronic disease or in patients without adequate iron or Vitamin B stores, as determined by blood testing. Not for use in patients who fail to demonstrate adequate response within 6 months of treatment for PA renewal, goal to be set by prescriber- 6 months
- Fentanyl (Duragesic)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of severe chronic pain in a non-opioid opioid naïve patient requiring continuous administration of pain medication and unable to take a solid oral dosage form or intolerant to current oral sustained-release pain management - 1 year - Patches must be prescribed for application every 72 hours.
- Fondaparinux (Arixtra)** - All FDA-approved indications not otherwise excluded from Part D. Diagnosis of deep venous thrombosis or pulmonary embolism or for the prophylaxis of deep venous thrombosis in orthopedic, abdominal, and gynecologic surgical procedures, and in acutely ill patients with restricted mobility or for coronary ischemia associated with unstable angina and non-Q-wave myocardial infarction. All candidates must also be receiving warfarin (unless contraindicated) and be hemodynamically stable - 1 year
- Infliximab (Remicade)** - All FDA-approved indications not otherwise excluded from Part D - For patients with rheumatoid arthritis: should be used with concomitant methotrexate unless contraindicated - 1 year

## Care Wisconsin 2010 Step Therapy Criteria

- 5-HT3 Antagonist Antiemetics** - Beneficiary must try ondansetron 4mg and 8mg for seven days each step one and fail therapy before being able to receive ondansetron 24mg, or any of the forms of aprepitant, or any of the forms of granisetron for thirty days as step two and fail therapy before being able to get dolasetron as step three.
- Allergy (H1 Blocking Agents/Nasal Steroid) Non-sedating** - Beneficiary must try over-the-counter loratadine and cetirizine for thirty days as step one and fail therapy before being able to receive fexofenadine as step two.
- Angiotensin Receptor Antagonists** - Beneficiary must try benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, lisinopril, lisinopril/HCTZ, quinapril, and quinapril/HCTZ for thirty days as step one and fail therapy before being able to receive candesartan, candesartan/HCTZ, valsartan, and valsartan/HCTZ as step two.
- Antacid/Histamine(2) Blocking Agents** - Beneficiary must try ranitidine for thirty days as step one and fail therapy before being able to receive famotidine as step two.
- Antipsychotic** - Beneficiary must try risperidone tablets, solution, or orally disintegrating tablets for thirty days as step one and fail therapy before receiving, risperidone consta injection, olanzapine, or quetiapine for thirty days as step two and fail therapy before being able to receive aripiprazole, paliperidone, or iloperidone as step three. Any beneficiary currently taken risperidone, olanzapine, quetiapine, aripiprazole, or paliperidone will not be subject to the step therapy restrictions.
- Clostridium Difficile Oral Therapy** - Beneficiary must try metronidazole for thirty days as step one and fail therapy before receiving oral vancomycin as step two.
- Desvenlafaxine** - Beneficiary must try velasfaxine for thirty days as step one and fail therapy before receiving desvenlafaxine as step two. Any beneficiary currently taking desvenlafaxine will not be subject to the step therapy restrictions.
- Fibric Acid Dyslipidemics** - Beneficiary must try gemfibrozil for thirty days as step one and fail therapy before receiving fenofibrate as step two.
- HMGCoA Inhibitors / Cholesterol Absorption Inhibitors** - Beneficiary must try simvastatin 80mg for thirty days as step one and fail therapy before receiving atorvastatin 80mg for thirty days as step two and fail therapy before receiving ezetimibe or ezetimibe/simvastatin as step three.
- Migraine Abortive Agents** - Beneficiary must try sumatriptan tablets or injection for thirty days as step one and fail therapy before being able to receive almotriptan tablets, zolmitriptan tablets, orally disintegrating tablets, or nasal spray, or sumatriptan nasal spray as step two.
- Non-Opioid Analgesics** - Beneficiary must try oxaprozin, ibuprofen, or naproxen for thirty days as step one and fail therapy before receiving celecoxib as step two.
- Opioid Analgesics** - Beneficiary must try methadone, morphine IR, oxycodone IR, or morphine LA for thirty days as step one and fail therapy before receiving oxycodone SR for thirty days as step two and fail therapy before receiving fentanyl patches.
- Oral Antidiabetic Agents** - Beneficiary must try metformin, glipizide, glyburide, glimepride for thirty days as step one and fail therapy before receiving

glipizide/metformin, glyburide/metformin, or repaglinide for thirty days as step two. Beneficiary must fail therapy of step two medications before receiving pioglitazone or acarbose for thirty days as step three and fail therapy before receiving sitagliptin phosphate, sitagliptin phosphate/metformin, exenatide, and pramlintide as step four.

**Proton Pump Inhibitor** - Beneficiary must try over-the-counter omeprazole or the generic omeprazole for thirty days as step one and fail therapy before receiving pantoprazole as step two and fail therapy before receiving lansoprazole as step three.

**Topical Analgesics** - Beneficiary must try lidocaine ointment for thirty days as step one and fail therapy before receiving Lidoderm patches as step two.

**Urinary Antispasmodics** - Beneficiary must try oxybutynin for thirty days as step one and fail therapy before receiving tolterodine, or oxybutynin ER for thirty days as step two and fail therapy before receiving tolterodine ER, darifenacin, solifenacin, trospium, or Oxytrol as step three.

**Xolair** - Beneficiary must try zafirlukast or montelukast for thirty days as step one and fail therapy before receiving omalizumab as step two.

**Tramadol** - Beneficiary must try tramadol for thirty days as step one and fail therapy before receiving tramadol ER.

## Care Wisconsin 2010 Quantity Limit Criteria

Generic name	Brand name	Doses	Dosage form	QL Amount	QL Days
ALMOTRIPTAN	AXERT	6.25 MG 12.5 MG	ORAL TABLET	9	30
APREPITANT	EMEND	40 MG 80 MG 125 MG	ORAL CAPSULE	9	30
APREPITANT	EMEND TRI-FOLD PACK	80 MG / 125 MG	PACK	6	30
AZELASTINE	OPTIVAR	0.5 MG/ML	OPHTHALMIC SOLUTION	6	30
BECAPLERMIN	REGRANEX	0.0001 MG/MG	TOPICAL GEL	15	30
BIMATOPROST	LUMIGAN	0.3 MG/ML	OPHTHALMIC SOLUTION	5	30
DOLASETRON	ANZEMET	50 MG 100 MG	ORAL TABLET	9	30
FLUTICASONE / SALMETEROL	ADVAIR DISKUS 500/50	0.1 MG/0.05 MG/ACTUAT 0.25 MG/0.05 MG/ACTUAT 0.5 MG/0.05 MG/ACTUAT	DRY POWDER INHALER	60	30
LATANOPROST	XALATAN	0.05 MG/ML	OPHTHALMIC SOLUTION	5	30
LIDOCAINE	LIDODERM	0.05 MG/MG	TRANSDERMAL PATCH	90	30
LOTEPREDNOL ETABONATE	ALREX	2 MG/ML	OPHTHALMIC SUSPENSION	15	30
LOTEPREDNOL ETABONATE	LOTEMAX	5 MG/ML	OPHTHALMIC SUSPENSION	15	30

LOTEPREDNOL ETABONATE / TOBRAMYCIN	ZYLET	5 /3 MG/ML	OPHTHALMIC SUSPENSION	15	30
NICOTINE	NICOTROL NS	10 MG/ML	NASAL SPRAY	168	30
NICOTINE	NICOTROL	10 MG/ML	INHALANT SOLUTION	168	30
OLOPATADINE	PATADAY	2 MG/ML	OPHTHALMIC SOLUTION	5	30
ONDANSETRON		4 MG	DISINTEGRATING TABLET	60	30
ONDANSETRON		8 MG	DISINTEGRATING TABLET	90	30
ONDANSETRON		0.8 MG/ML	ORAL SOLUTION	900	30
ONDANSETRON		24 MG	ORAL TABLET	30	30
SALMETEROL	SEREVENT DISKUS	0.05 MG/ACTUAT	INHALANT POWDER	60	30
SUMATRIPTAN		12 MG/ML	INJECTABLE SOLUTION	6	30
SUMATRIPTAN		25 MG 50 MG 100 MG	ORAL TABLET	9	30
TRAVOPROST	TRAVATAN	0.04 MG/ML	OPHTHALMIC SOLUTION	5	30

ZOLMITRIPTAN	ZOMIG	5 MG/ACTUAT	NASAL SPRAY	6	30
ZOLMITRIPTAN	ZOMIG	2.5 MG 5 MG	ORAL TABLET	9	30
ZOLMITRIPTAN	ZOMIG-ZMT	2.5 MG 5 MG	DISINTEGRATING TABLET	9	30
KETOROLAC	ACULAR	4 MG/ML 5 MG/ML	OPHTHALMIC SOLUTION	10	30
OLOPATADINE	PATANOL	1 MG/ML	OPHTHALMIC SOLUTION	10	30
BRIMONIDINE	ALPHAGAN-P	1.5 MG/ML	OPHTHALMIC SOLUTION	10	30
BRIMONIDINE	ALPHAGAN	1 MG/ML	OPHTHALMIC SOLUTION	10	30