

***MetroPlus Child Health Plus
Drug Coverage Rules
As of May 2011***

Prior Authorizations:

Weight-Loss Meds
Retinoids (cover through age 26, then PA req.)
Oral Anti-Fungal agents
Lotronex
Provigil
Revatio
Palivizumab
Leuprolide Acetate (6 Month)
Xolair
Oxsoralen

Quantity Limits:

Anti-Emetics	
Zofran (ondansetron) 4mg tablets	15/30 days
Zofran (ondansetron) 8mg tablets	15/30 days
Zofran (ondansetron) 24mg tablets	5/30 days
Zofran (ondansetron) ODT tablets	15/30 days
Zofran (ondansetron) oral solution	75 mL/30 days
Migraine Agents	
Amerge (naratriptan)	9/30 days
Axert (almotriptan)	12/30 days
Frova (frovatriptan)	9/30 days
Imitrex (sumatriptan) injection	5ml/10 syringes/ 30 days
Imitrex (sumatriptan) injection kit	4 boxes/8 syringes/ 30 days
Imitrex (sumatriptan) nasal spray	12 sprays/30 days
Imitrex (sumatriptan) tablets	9/30 days
Maxalt (rizatriptan)	9/30 days
Migranal (dihydroergotamine mesylate)	8/30 days
Relpax (eletriptan)	6/30 days
Zomig (zolmitriptan) nasal spray	6/30 days
Antiulcer Medications	
Proton Pump Inhibitors (omeprazole, Nexium, Protonix, Prevacid, Aciphex & Kapidex)	1 unit/day (Prior Authorization Required for higher doses)
Blood Glucose Meters	2 Year

Step Therapy:

Step Therapy for Tazorac	Requires trial and failure of conventional, generic tretinoin agents prior to filling the 2 nd line agent.
Step Therapy for Patanase and Astepro	Member must have tried and failed a 5-day treatment of generic azelastine nasal spray (having had a paid claim for a first line agent - 5 day supply minimum - or documented use via the prescriber) prior to gaining access to the 2 nd line agents.
Step Therapy for Elidel and Protopic	Must try and fail on 2 Topical Steroids within the past 120 days.
Step Therapy for covered ARBs (Atacand, Atacand HCT, Benicar, Benicar HCT, Diovan, Diovan HCT, Cozaar, Hyzaar)	Must try and fail a covered ACE Inhibitor within the past 180 days. Covered ACE Inhibitors include: captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, lisinopril, lisinopril-HCTZ, quinapril, quinapril-HCTZ, trandolapril *Members currently taking will be grandfathered indefinitely*
Step Therapy for Anti Ulcer PPI Products.	Must try and fail a 30 day supply of Prilosec OTC or Omeprazole 10mg before filling Prevacid, Protonix, Nexium, or Aciphex. Prilosec OTC pays at the generic copay.
Step Therapy for Xopenex Inhalation Solution	Must try and fail generic albuterol inhalation solution within the past 180 days.
Step Therapy for Antiasthmatic Products: Accolate and Zflo	Must try one Steroidal Inhalant agent within the past 180 days.
Step Therapy for TZD and TZD-combinations	Must try and fail generic metformin with in the past 180 days before filling Actos, Avandia, Actoplus Met, Avandamet, Avandaryl, or Duetact. *Members currently taking will be grandfathered*
Step Therapy for Non Sedating Antihistamine (Clarinet, Xyzal)	Must try and fail loratadine, fexofenadine, or cetirizine in the past 180 days prior to filling Clarinet and Xyzal.
Contingent Therapy for Lipitor	Lipitor will only be covered if a member is on a Protease Inhibitor (HIV medication)
Step Therapy for brand Oral Acne Products containing doxycycline (Oracea, Monodox & Doryx)	Must have tried and failed a 30 day treatment of generic doxycycline (having had a paid claim for a first line agent - 30-day supply - or documented use via the prescriber) prior to gaining access to the 2 nd line agents, Oracea, Monodox & Doryx. *Existing users will be grandfathered*
Step Therapy for brand Oral Acne Products containing minocycline (Solodyn)	Member must have tried and failed a 30 day treatment of generic minocycline (having had a paid claim for a first line agent - 30-day supply - or documented use via the prescriber) prior to gaining access to the 2 nd line agent, Solodyn. *Existing users will be grandfathered*
Step Therapy for brand Nasal Spray Products (Omnaris, Nasonex, Nasocort AQ, Veramyst, Rhinocort AQ)	Member must have tried and failed a 5 day treatment of generic fluticasone or flunisolide nasal spray (having had a paid claim for a first line agent - 5 day supply minimum - or documented use via the prescriber) prior to gaining access to the 2 nd line agents, Omnaris, Nasonex, Nasocort AQ, Veramyst, Rhinocort AQ. *Existing users will be grandfathered*
Step Therapy for brand Allergy Eye Drops (Patanol, Pataday, Lastacaft)	Member must have tried and failed a 5 day treatment of generic cromolyn or azelastine or ketotifen drops (having had a paid claim for a first line agent - 5 day supply minimum - or documented use via the prescriber) prior to gaining access to the 2 nd line agents, Patanol, Pataday. *Existing users will be grandfathered*

Exclusions:

Note: A Prior Authorization may be requested for coverage of an excluded drug for members who have tried and failed all covered products in the same category as defined above.

Therapy - Drug Class	Covered Products	Excluded Products
Antilipidemics-HMGs	Lovastatin, pravastatin, simvastatin, Vytorin	Crestor, Lescol, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor, Altoprev
Anti-inflammatories-NSAIDs	Diclofenac, etodolac, ibuprofen, indomethacin, naproxen, sulindac, meloxicam	Anaprox, Anaprox DS, Clinoril, Indocin, Lodine, Motrin, Naprosyn, Prevacid Nap Pak, Voltaren, Voltaren XR, Cataflam, Celebrex, Mobic
Antidepressants-SSRIs	Citalapram, fluoxetine, sertraline, paroxetine	Lexapro, Paxil, Paxil CR, Zoloft, Pexeva, Celexa, Prozac, Prozac Weekly
Antidiabetics-Sensitizing Agents	Metformin, Metformin ER, Actos, Avandia	Fortamet, Glucophage IR, Glucophage XR
Antihypertensives-ARBs	Atacand, Atacand HCT, Benicar, Benicar HCT, Cozaar, Hyzaar, Diovan, Diovan HCT	Avalide, Avapro, Micardis, Micardis HCT, Teveten, Teveten HCT
Antihypertensives-ACEs	benazepril, benazepril-HCTZ, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, lisinopril, lisinopril-HCTZ, quinapril, quinapril-HCTZ, trandolapril	Aceon, Altace, Mavik, Accupril, Accuretic, Capoten, Capozide, Lotensin, Lotensin HCT Monopril, Monopril HCT Prinivil, Prinzide, Uniretic, Univasc, Vasotec, Vaseric, Zestoretic, Zestril
Antiemetics	Ondansetron	Aloxi, Anzemet, Emend, Kytill, Marinol, Cesamet, Zofran tablets, ODT, and inj.
Specific Medications	Covered Products	Change
Keppra XR	Keppra (levetiracetam)	Keppra XR removed from formulary for <u>new starts only</u> – generic Keppra (levetiracetam) is covered.