

## **Advanced Health**

### **Drug Use Criteria for Commonly Requested Agents**

**This Represents an Abbreviated Version of the Drug Use Criteria Used for Prior Authorization Determination.  
Full Versions are Available Upon Request.**

**Levemir & Lantus Insulin:** Type 1 diabetic or Type 2 diabetic that has failed optimal dosing with oral agents and failed an adequate trial of NPH insulin, or has a documented history of nocturnal or symptomatic hypoglycemia.

**Insulin Pen Delivery Systems:** Type 1 children less than 18 years old, or documented vision (not correctable) impairment or dexterity issue hindering ability to safely administer insulin with a vial and syringe.

**Celebrex:** OHP funded condition, and a documented history of GI ulcer or bleed, history of dyspeptic symptoms on 2 or more formulary NSAIDS, or patient on anticoagulant therapy, or patient is greater than 75 years old.

**Crestor:** Failure of 2 or more formulary options including simvastatin and atorvastatin, compliance with therapy will be monitored using prescription fill history.

**Drospirenone/Ethinyl Estradiol Oral Contraceptives:** Covered for Polycystic Ovary Syndrome or Premenstrual Dysphoric Disorder

**Gabapentin:** Seizure disorder, post herpetic neuralgia, diabetic neuropathy with failure or contraindication to tricyclic antidepressants or duloxetine (should include a diabetic foot exam), or disorder of the spine with neurologic impairment (neurologic exam must be submitted with request)

**Opioid:** Require diagnosis of a painful condition funded for coverage by OHP, chart notes supporting the diagnosed painful condition are required (this includes a neurologic exam for disorders of the spine), concurrent use of alcohol or other illegal substances is not a covered benefit

**Stimulants for patients greater than 23 years old:** Narcolepsy, or complete mental health evaluation resulting in ADHD/ADD diagnosis (this may include an evaluation performed by an ESD, school district, clinical psychologist, or physician), documented continued need for focus, history of substance abuse is a contraindication to stimulant therapy, concurrent use of sedating medications (e.g. opioids, marijuana, alcohol) resulting in lack of focus is not a covered benefit, blood pressure must be well controlled, in patients with anxiety disorders/ agitated state/ narrow angle or angle closure glaucoma/ hyperthyroid stimulant therapy is not recommended, prescribed dosing must be supported by the FDA approved package insert.

**Nonformulary Extended Release Stimulants for patients 6 to 22 years old:** Failure of a formulary alternative (Methylphenidate ER 10mg or 20mg tablets) or documentation supporting patient has been stable on the nonformulary agent for  $\geq 2$  years

**Inhaled ICS/LABA Criteria:** Severe persistent asthma or severe COPD supported by pulmonary function test.

Asthma patients: Optimal dose and duration of inhaled corticosteroid has been trialed

COPD patients: Spirometry results confirming the presence of persistent airflow limitations ( $FEV_1/FVC < 0.70$ ,  $FEV_1 < 50\%$ ), and compliance with long acting bronchodilator therapy (tiotropium, or LABA)

**Combivent:** COPD supported with spirometry.