

## **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.**

**Long Acting Insulins (Basaglar is preferred least costly alternative):** 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.

**Celecoxib:** 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.

**Rosuvastatin:** 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

**Opioids:** Require diagnosis of a painful condition funded for coverage by OHP, chart notes supporting the diagnosed painful condition are required, concurrent use of alcohol or other illegal substances is not a covered benefit, guideline note 60 (Opioids for conditions of the back and spine) of the prioritized list must also be met for coverage. All extended release opioids require prior authorization for initial fill. Formulary short acting opioids are a covered benefit up to #60 tablets in 180-day period. A prior authorization is required for use greater than 60 tablets in 180-day period. See formulary for non-opioid alternatives for managing chronic pain.

**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)

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