

**2012 Drug Utilization Management Programs for  
 PrimeWest Health Senior Health Complete (HMO SNP) and  
 Prime Health Complete (HMO SNP)**

**Prior Authorization**

Some drugs require a Prior Authorization before they can be covered. Documentation from the prescribing provider is needed for Prior Authorization.

<b>Program Name</b>	<b>Type of Program</b>	<b>Short Description of Program</b>
<b>Adcirca®-Revatio™</b>	Prior Authorization	Only allows its use for pulmonary hypertension or other related diagnosis. Not approved for erectile dysfunction. Also has quantity limits.
<b>Ampyra™</b>	Prior Authorization	Program requires FDA labeling and dosage be followed
<b>Arcalyst®</b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Biologic Immunomodulators</b>	Prior Authorization	Requires prescribed therapy to follow FDA-approved labeling and/or clinical guidelines
<b>Erythropoietin stimulating agents</b>	Prior Authorization	Requires that hemoglobin levels fall into appropriate range; approved for various diagnoses
<b>Fentanyl oral/nasal products</b>	Prior Authorization	Requires prescribing to follow product labeling, clinical guidelines, and/or clinical studies
<b>Forteo™</b>	Prior Authorization	Requires use of bisphosphonates or Evista® prior to use of Forteo™
<b>Hepatitis B and Hepatitis C treatments</b>	Prior Authorization	Requires lab work and other diagnostic measures prior to authorization
<b>Human growth hormone</b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Imiquimod</b>	Prior Authorization	Program requires FDA labeling and duration of treatment be followed
<b>Intravenous immune globulin</b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Kuvan®</b>	Prior Authorization	Requires lab work and other diagnostic measures prior to authorization
<b>Multiple Sclerosis agents</b>	Prior Authorization	Encourages appropriate prescribing according to product labeling, clinical studies, and/or clinical trials
<b>Noxafil®-Vfend®</b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Nuvigil®-Provigil®</b>	Prior Authorization	Requires proper diagnosis and prescribing based upon FDA approval
<b>Oral oncology agents</b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Promacta®</b>	Prior Authorization	Required prescribing to follow FDA-approved indications

<b>Relistor<sup>®</sup></b>	Prior Authorization	Ensures appropriate use for opioid-induced constipation with advanced illness on chronic opioids
<b>Sensipar<sup>®</sup></b>	Prior Authorization	Requires proper diagnosis and prescribing based on FDA-approved indications
<b>Xenazine<sup>®</sup></b>	Prior Authorization	Requires prescribing to follow FDA-approved indications
<b>Xolair<sup>®</sup></b>	Prior Authorization	Requires lab work and other diagnostic measures prior to authorization
<b>Xyrem<sup>®</sup></b>	Prior Authorization	Requires prescribing to follow FDA-approved indications, avoid contraindications, and apply quantity limits following FDA indications

## Quantity Limits

Some drugs have limits on the amount a member can get in a given time period. The prescribing provider can ask for a higher quantity by submitting a formulary exception.

<b>Program Name</b>	<b>Type of Program</b>	<b>Short Description of Program</b>
<b>Abortive triptan therapy</b>	Quantity Limits	Limits treatment to 6 headaches/month, on average. Encourages preventive therapy over abortive.
<b>ACEI/ARB/Renin Inhibitor</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Adcirca<sup>®</sup>-Revatio<sup>®</sup></b>	Quantity Limits	Follows FDA-approved dosing regimens
<b>Alzheimer's disease agents</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Ampyra<sup>®</sup></b>	Quantity Limits	Limits dispensing to FDA-approved labeled dose
<b>Antidepressants</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Atypical antipsychotics</b>	Quantity Limits	Limits dispensing to FDA-approved quantities per month
<b>Benign Prostatic Hypertrophy (BPH) agents</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Bisphosphonates</b>	Quantity Limits	Limits dispensing to FDA-approved quantities per month
<b>Byetta<sup>®</sup>/Victoza<sup>®</sup></b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Celebrex<sup>®</sup></b>	Quantity Limits	Limits dispensing quantity to 2 capsules per day
<b>Chantix<sup>®</sup></b>	Quantity Limits	Limits dosing to 168 days of therapy
<b>DPP-4 inhibitors</b>	Quantity Limits	Follows FDA-approved dosing regimens to establish a monthly quantity
<b>Fentanyl oral/nasal products</b>	Quantity Limits	Limits dosing according to product labeling, clinical guidelines, and/or clinical studies
<b>Fentanyl transdermal</b>	Quantity Limits	Limits dosing to 1 transdermal patch every 48 hours
<b>Fibrate agents</b>	Quantity Limits	Limits dosing to maximum FDA-labeled dose
<b>Imiquimod</b>	Quantity Limits	Limits FDA-recommended dosing

<b>Insomnia agents</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Ketorolac</b>	Quantity Limits	Limits use to 5 days per FDA recommendations
<b>Letaris<sup>®</sup></b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Lipid management (Zetia<sup>®</sup>, Niaspan<sup>®</sup>)</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Low molecular weight heparin/Arixtra<sup>®</sup></b>	Quantity Limits	Limits total monthly dose of selected products. Encourages short-term use of these products as a primary source of anticoagulation unless indicated.
<b>Multiple Sclerosis agents</b>	Quantity Limits	Encourages appropriate prescribing of quantities as recommended by FDA
<b>Nasal inhalers</b>	Quantity Limits	Follows FDA dosing to determine number of inhalers allowed in a 34-day supply
<b>Nuvigil<sup>®</sup>-Provigil<sup>®</sup></b>	Quantity Limits	Follows FDA label dosing, clinical guidelines, and/or clinical studies
<b>Oral antidiabetic agents</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Oral inhalers asthma/COPD</b>	Quantity Limits	Follows FDA dosing to determine number of inhalers allowed in a 34-day supply
<b>Oral oncology agents</b>	Quantity Limits	Encourages prescribing of quantities by FDA labeling and cost-effective prescribing when lower quantities of a higher strength are equivalent
<b>Oral pain medications</b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Oxycodone ER</b>	Quantity Limits	Limits dispensing quantity to FDA-approved schedule of 2 – 4 tablets daily of most strengths
<b>Pradaxa<sup>®</sup></b>	Quantity Limits	Limits dispensing to FDA-approved quantities
<b>Proton pump inhibitors</b>	Quantity Limits	Optimizes dosing and dispensing quantities per FDA-approved regimens
<b>Revlimid<sup>®</sup>/Thalomid<sup>®</sup></b>	Quantity Limits	Limits dispensing to FDA-approved quantities and dose optimization
<b>Statins and combination products</b>	Quantity Limits	Optimizes dosing and dispensing quantities per FDA-approved regimens
<b>Topical NSAID products</b>	Quantity Limits	Optimized dosing and dispensing of quantities per approved labeling
<b>Tracleer<sup>®</sup></b>	Quantity Limits	Limits dosing based on FDA labeling and dose optimization
<b>Urinary incontinence</b>	Quantity Limits	Limits dispensing to FDA-approved quantities per month
<b>Xenazine<sup>®</sup></b>	Quantity Limits	Limits dosing to FDA-approved labeling
<b>Xyrem<sup>®</sup></b>	Quantity Limits	Encourages dosing as recommended by FDA labeling
<b>Zostavax<sup>®</sup></b>	Quantity Limits	Limited to 1 dose per lifetime for patients 50 years or over only

## Step Therapy

Sometimes, members must try one or more preferred drugs before a non-preferred drug will be covered.

Program Name	Type of Program	Short Description of Program
<b>ACE/ARB/Renin Inhibitors</b>	Step Therapy	Encourages use of generic products over brand products. Also applies to combination products.
<b>Thiazolidinedione (TZD)</b>	Step Therapy	Encourages use of other agents as first-line therapy
<b>Anticonvulsants</b>	Step Therapy	Discourages use as first-line therapy in non-seizure related indications for formulary brand agents
<b>Antidepressants</b>	Step Therapy	Requires prior use of a generic product or history of allergy or contraindication to generic product prior to approval
<b>Atopic dermatitis</b>	Step Therapy	Requires documented trial and failure of topical corticosteroids
<b>Atypical antipsychotics</b>	Step Therapy	Requires trial of formulary product in past 90 days, limits dosing to FDA thresholds, unless the patient is stabilized on the non-formulary product and dose
<b>Bisphosphonates</b>	Step Therapy	Encourages use of generic and formulary brand medications
<b>DPP-4 Inhibitors</b>	Step Therapy	Encourages use of metformin, sulfonylurea, combinations of the two, or insulin
<b>Letaris®</b>	Step Therapy	Encourages use of preferred formulary agent
<b>Leukotriene modifiers</b>	Step Therapy	Requires use of inhaled corticosteroid prior to a leukotriene antagonist being used to treat asthma or nasal allergies
<b>Insomnia</b>	Step Therapy	Requires past documented use and failure of generic products <b>or</b> the patient has a contraindication, allergy, or intolerance to the available generic insomnia agents
<b>Topical NSAID products</b>	Step Therapy	Encourages use of cost-effective generic oral NSAIDs before topical agents
<b>Triptans</b>	Step Therapy	Requires a medication history that indicates previous use of identical brand triptan agent or a generic triptan agent or that the patient has an allergy, contraindication, or intolerance to generic agent(s)
<b>Victoza®</b>	Step Therapy	Metformin, a sulfonylurea, or a thiazolidinedione must be used in combination with Victoza® in people with type 2 diabetes only
<b>Zetia®</b>	Step Therapy	Requires that Zetia® be used in combination with a fenofibrate or statin

This information is available in other forms to people with disabilities by calling:

TOLL FREE

Member Services: 1-800-366-2906

TOLL FREE MINNESOTA RELAY

TTY, Voice, ASCII, or Hearing Carry Over: 1-800-627-3529 or 711

TOLL FREE SPEECH-TO-SPEECH RELAY SERVICE

1-877-627-3848

**Member Services**

**1-800-366-2906**

Attention. If you want free help translating this information, call the above number.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតមានថ្លៃដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການເປ່ຍຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທຕາມເລກໂທທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

PrimeWest Health will enroll all eligible people who select or are assigned to PrimeWest Health without regard to physical or mental condition, health status, need for health care services, claims experience, medical history, genetic information, disability, marital status, age, gender, sexual orientation, national origin, race, ethnicity, color, religion, political beliefs, or geographic location. PrimeWest Health will not use any policy or practice that discriminates based on such.

American Indians can continue or begin to use tribal and Indian Health Service (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.