

2012 Drug Utilization Management Programs

Prior Authorization

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

| Program Name | Type of Program | Short Description of Program |
|---|---------------------|--|
| Antifungal Lamisil™, Sporonox™, and generic versions | Prior Authorization | Prohibits cosmetic use, steers dosing toward generic versions and FDA-approved doses and durations |
| Biologic Immunomodulators | Prior Authorization | Requires prescribed therapy to follow FDA-approved labeling and/or clinical guidelines |
| Forteo™ | Prior Authorization | Requires use of bisphosphonates or Evista® prior to use of Forteo™ |
| Hepatitis B and Hepatitis C treatments | Prior Authorization | Requires lab work and other diagnostic measures prior to authorization |
| Human growth hormone | Prior Authorization | Requires prescribing to follow FDA-approved indications |
| Xolair® | Prior Authorization | Requires lab work and other diagnostic measures prior to authorization |

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.

| Program Name | Type of Program | Short Description of Program |
|--|-----------------|---|
| Abortive triptan therapy | Quantity Limits | Limits treatment to 6 headaches/month, on average. Encourages preventive therapy over abortive. |
| Attention Deficit Hyperactivity Disorder (ADHD) | Quantity Limits | Limits dispensing to FDA-approved quantities and dose optimization |
| Ketorolac | Quantity Limits | Limits use to 5 days per FDA recommendations |
| Nasal inhalers | Quantity Limits | Follows FDA dosing to determine number of inhalers allowed in a 34-day supply |
| Oral inhalers asthma/COPD | Quantity Limits | Follows FDA dosing to determine number of inhalers allowed in a 34-day supply |
| Oxycodone ER | Quantity Limits | Limits dispensing quantity to FDA-approved schedule of 2 – 4 tablets daily of most strengths |
| Proton pump inhibitors | Quantity Limits | Optimizes dosing and dispensing quantities per FDA-approved regimens |
| Statins and combination products | Quantity Limits | Optimizes dosing and dispensing quantities per FDA-approved regimens |
| Zetia® | Quantity Limits | Limits dispensing to FDA-approved quantities and dose optimization |

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 |
|------------------------------------|------------------------|--|
| Proton pump inhibitor (PPI) | Step Therapy | Patient's medication history includes use of a preferred generic PPI and/or indicates a contraindication, allergy, or intolerance to the available preferred generic PPI(s) |
| Triptans | 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) |

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

TOLL FREE

Member Services: 1-866-431-0801

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

1-866-431-0801

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 បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ 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. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປ ຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທສຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

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.