

 <b>MARYLAND</b> <b>physicians care</b> MANAGED CARE ORGANIZATION	
<b>Medication</b>	<b>Criteria/Step Therapy Requirements</b>
Angiotensin Receptor Blockers	Use of ARBs requires step therapy which starts with formulary ACE inhibitors which include Lisinopril, Moexipril, Enalapril and others. Further consideration for an angiotensin receptor blocker will be given upon receipt of additional documentation about the failure of or contraindication to formulary ACE inhibitors.
General	Clinical documentation in the form of progress notes, consult notes, and supporting laboratory data is required and <b><i>must</i></b> be submitted with each Prior Authorization request. A prior authorization form without supporting documentation does not have adequate information for review and will not be approved. Accompanying clinical notes should clearly demonstrate failure of or contraindication to a compliant trial of formulary agents. Maryland Physicians Care determines patient compliance by a review of pharmacy claims data over the preceding twelve months.
Hepatitis C	Use of immune modulators for the treatment of Hepatitis C requires the following documentation: progress notes that document that therapy is being prescribed by, or in consultation with, an infectious disease physician, gastroenterologist, hepatologist or transplant physician; other causes of liver disease have been ruled-out, member has been abstinent of both alcohol and illicit drugs for at least 6 months, patient weight, and laboratory results including HCV genotype, recent (within 3 months) HCV-RNA quantification, LFTs, CBC
HIV Medications	All HIV agents are carved out and are not covered by Maryland Physicians Care. They are covered by the state. All requests for HIV agents should be requested via ACS (800-932-3918),
Intuniv ER	Intuniv ER requires step therapy. Consideration will be given upon receipt of clinical notes which document failure of or contraindication to a two month compliant regimen of formulary guanfacine (immediate release) or other agents indicated for the treatment of ADHD which must be requested via ACS, the mental health vendor at 800-932-3918.
Medwatch	Maryland Physicians Care makes use of generic agents that are considered therapeutically equivalent by the FDA. For authorization of a brand name medication, please submit a copy of the FDA MedWatch form detailing the

	<p>adverse side effect with the generic that was submitted to the FDA. The FDA MedWatch form is available at:  <a href="http://www.fda.gov/medwatch/SAFETY/3500.pdf">http://www.fda.gov/medwatch/SAFETY/3500.pdf</a>.</p>
Mental Health	<p>All mental health agents are carved out and are not covered by Maryland Physicians Care. They are covered by the state. All requests for mental health agents should be requested via ACS (800-932-3918), the Mental Health Vendor.</p>
NSAIDs	<p>Maryland Physicians Care does not consider Celebrex a first line NSAID. Celebrex demonstrates comparable efficacy to other NSAIDs (e.g., naproxen and diclofenac) in rheumatoid arthritis and osteoarthritis. Consideration will be given upon demonstrating failure of formulary NSAIDS, or receipt of clinical documentation supporting the requested medication. NSAIDS with some COX-2 selectivity that are available on the formulary are nabumetone, Mobic/meloxicam and etodolac. Other NSAIDs available for consideration include: diclofenac, ibuprofen, ketoprofen, naproxen and oxaprozin. Other analgesics include tramadol, diflunisal and salsalate.</p>
Ondansetron	<p>Ondansetron requires step therapy. Clinical notes which document failure of or contraindication to a compliant regimen of at least 2 formulary anti-emetics should be submitted before authorization of ondansetron will be considered. Formulary antiemetics include meclizine, diphenhydramine, prochlorperazine, metoclopramide and promethazine.</p>
Oxycontin	<p>Oxycontin is indicated for malignant pain and its use requires step therapy. The Maryland Physicians Care formulary includes several long acting narcotic analgesics. A request to use Oxycontin for non- malignant pain should be accompanied by clinical notes which document its necessity over formulary medications, which includes MS Contin, MSIR, Oxy IR, fentanyl patch, Tramadol and others. Please submit the following to support the request for Oxycontin: a recent history which should include a thorough pain assessment, a recent and thorough physical exam, and documentation of failure of or contraindication to formulary agents, non-pharmacological therapies and the response and short and long term treatment plan. This information will need to be updated with each renewal.</p>
PPI	<p>The use of proton pump inhibitors requires step therapy with H-2 antagonists. A member is required to complete a two month compliant regimen of a formulary H-2 blocker prior to requesting a proton pump inhibitor. If the member does not improve on an H-2 blocker, progress notes which document this failure should be submitted along with the Prior Authorization form. If</p>

	<p>there is a contraindication to the use of an H-2 blocker, clinical or consult notes which documents this should be submitted along with the prior authorization form. Omeprazole OTC is the plan preferred PPI. Documentation of a two month compliant regimen of maximized doses of Omeprazole OTC (maximum #120/month) would be required prior to authorization of Protonix, the plan preferred PPI that is next in line.</p>
Rhinitis	<p>The use of non-formulary medications for rhinitis requires documentation that the member has tried and failed a two month compliant regimen of Fluticasone Nasal Spray, loratidine OTC, cetirizine OTC, and/or clemastine. Nasal steroids are more effective than non-sedating antihistamines and leukotriene inhibitors in the treatment of allergic rhinitis according to The Medical Letter. Please consider use of a nasal steroid with or without loratidine OTC or cetirizine OTC prior to requesting prior authorization for non-formulary medications.</p>
Savella	<p>Savella requires step therapy. Savella may be authorized upon receipt of clinical notes which document trial and failure of a 2 month compliant regimen of Lyrica and Cymbalta each must be requested via ACS, the mental health vendor (800-932-3918)</p>
Singulair	<p>Use of Singulair for a patient on asthma medication will no longer require prior authorization if patient has an asthma drug in their medication history in the past 6 months.</p> <p>For use in allergic rhinitis- Access to Singulair is allowed after the use and failure of formulary medication, which includes fluticasone and flunisolide nasal spray, loratidine OTC, cetirizine OTC, or clemastine. Nasal steroids are more effective than non-sedating antihistamines and leukotriene inhibitors in the treatment of allergic rhinitis according to The Medical Letter. Please consider use of a nasal steroid with or without loratidine OTC or cetirizine OTC. Further consideration will be given upon receipt of additional documentation about the failure of or contraindication to a two month compliant regimen of formulary agents.</p>
Spiriva	<p>Spiriva requires step therapy with formulary agents used for the treatment of chronic obstructive pulmonary disease (COPD). A member is required to complete a two month compliant regimen within the past 90 days of ipratropium, Atrovent, <u>or</u> Combivent prior to requesting Spiriva. If the member does not improve on these formulary medications, progress notes which document this failure should be submitted along with the Prior Authorization form. If there is a contraindication to the use of formulary</p>

	<p>medications, clinical or consult notes which documents this should be submitted along with the prior authorization form. Also, members who have received Spiriva therapy within the past 130 days will be grandfathered and continued on with this treatment.</p>
--	--