



## 2015 BCN Advantage Step Therapy Criteria

Last Updated: October, 2014

### Drugs Requiring Step Therapy

<a href="#">Abilify</a>	<a href="#">Fanapt</a>	<a href="#">Omnaris</a>	<a href="#">Saphris</a>
<a href="#">Abilify</a>	<a href="#">Fenofibric</a>	<a href="#">Paxil Oral</a>	<a href="#">Seroquel Xr</a>
<a href="#">_Discmelt</a>	<a href="#">Acid DR</a>	<a href="#">_Suspension</a>	<a href="#">Uloric</a>
<a href="#">Abilify</a>	<a href="#">Fetzima</a>	<a href="#">Relpax</a>	<a href="#">Veramyst</a>
<a href="#">_Maintena</a>	<a href="#">Frova</a>	<a href="#">Pristiq</a>	<a href="#">Viibryd</a>
<a href="#">Avandamet</a>	<a href="#">Geodon</a>	<a href="#">Relpax</a>	<a href="#">Vytorin</a>
<a href="#">Avandaryl</a>	<a href="#">Intuniv</a>	<a href="#">Risperdal</a>	<a href="#">Zomig Nasal</a>
<a href="#">Avandia</a>	<a href="#">Invega</a>	<a href="#">_Consta</a>	<a href="#">Spray</a>
<a href="#">Axert</a>	<a href="#">Invega</a>		
<a href="#">Betaseron</a>	<a href="#">_Sustenna</a>		
<a href="#">Brintellix</a>	<a href="#">Invokana</a>		
<a href="#">Crestor</a>	<a href="#">Khedezla</a>		
	<a href="#">Latuda</a>		

*BCN Advantage<sup>SM</sup> is an HMO-POS and HMO plan with a Medicare contract.  
Enrollment in BCN Advantage depends on contract renewal.*



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1/1/2015	Abilify / Abilify Discmelt Abilify Maintena	Claims for Abilify will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2015	Avandamet	Claims for the combination drug products will process if during the past 180 days the member has previous claims for at least 30 days of each of the individual components of the combination drug. Combination Drugs and their individual components include: Vytorin (simvastatin and Zetia), Avandamet (Avandia and metformin), Avandaryl (Avandia and glimepiride). Coverage duration is one year.
1/1/2015	Avandaryl	Claims for the combination drug products will process if during the past 180 days the member has previous claims for at least 30 days of each of the individual components of the combination drug. Combination Drugs and their individual components include: Vytorin (simvastatin and Zetia), Avandamet (Avandia and metformin), Avandaryl (Avandia and glimepiride). Coverage duration is one year.
1/1/2015	Avandia	Claims for Avandia will process if the member has previous claims for at least 30 days of a Metformin or sulfonylurea product during the past 120 days. Coverage duration is one year.
1/1/2015	Axert	Claims for 5-ht agonist therapy (Axert, Frova, Relpax tablets, Zomig nasal spray) will process if previous claims have been filled for at least 6 days of therapy with generic sumatriptan (oral, injection or nasal spray) naratriptan, rizatriptan or zolmetriptan oral tablets, in the past 120 days. Coverage duration is one year.
1/1/2015	Betaseron	Claims for Betaseron will process if claims for 30 days of Extavia are processed in the past 180 days. Coverage duration is lifetime.

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1/1/2015	Brintellix	Claims for Brintellix will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2015	Crestor	Claims for Crestor 5mg, 10mg, and 20mg will process if a claim for at least 30 days of a generic statin (atorvastatin, fluvastatin, lovastatin, pravastatin or simvastatin) or Triglide has processed in the past 180 days. Coverage duration is lifetime.
1/1/2015	Fanapt / Fanapt Titration Pk	Claims for Fanapt will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2015	Fenofibric Acid DR	Claims for Fenofibric Acid DR (delayed release) will process if claims for 30 days of fenofibrate regular release tablets (or fenofibrate micronized) and genfibrozil are processed in the past 120 days. Coverage duration is lifetime.
1/1/2015	Fetzima	Claims for Fetzima will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2015	Frova	Claims for 5-ht agonist therapy (Axert, Frova, Relpax tablets, Zomig nasal spray) will process if previous claims have been filled for at least 6 days of therapy with generic sumatriptan (oral, injection or nasal spray) naratriptan, rizatriptan or zolmetriptan oral tablets, in the past 120 days. Coverage duration is one year.
1/1/2015	Geodon	Claims for Geodon will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2015	Intuniv	Claims for Intuniv will process if claims for 30 day of a methylphenidate containing product and an amphetamine containing product are processed in the past 180 days. Coverage duration is lifetime.

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1/1/2015	Invega/ Invega Sustenna	Claims for Invega will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2015	Ivokana	Claims for Ivokana will process if claims for 30 days of metformin and one other oral antidiabetic medication are processed in the past 120 days. Coverage duration is lifetime.
1/1/2015	Khedezla	Claims for Khedezla will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2015	Latuda	Claims for Latuda will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2015	Omnaris	Claims for Omnaris will process if a claim for at least 30 days of a generic nasal steroid spray, Nasonex or Beconase AQ have processed in the past 120 days. Coverage duration is one year.
1/1/2015	Paxil Oral Suspension	Claims for Paxil oral suspension will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2015	Pristiq	Claims for Pristiq will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2015	Relpax	Claims for 5-HT agonist therapy (Axert, Frova, Relpax tablets, Zomig nasal spray) will process if previous claims have been filled for at least 6 days of therapy with generic sumatriptan (oral, injection or nasal spray) naratriptan, rizatriptan or zolmetriptan oral tablets, in the past 120 days. Coverage duration is one year.
1/1/2014	Risperdal Consta	Claims for Risperdal Consta will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.

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1/1/2014	Saphris	Claims for Saphris will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2014	Seroquel XR	Claims for Seroquel XR will process if there is any claim for at least one generic antipsychotic within the last 180 days. Coverage duration is one year.
1/1/2014	Uloric	Claims for Uloric will approve if previous claims have been filled for at least 30 days of Allopurinol 300 mg per day in previous 120 days. Coverage duration is lifetime.
1/1/2014	Veramyst	Claims for Veramyst will process if a claim for at least 30 days if a generic nasal steroid spray, Nasonex or Beconase AQ have processed in the past 120 days. Coverage duration is one year.
1/1/2014	Viibryd	Claims for Viibryd will process if there is any claim for at least one generic antidepressant within the last 180 days. Coverage duration is one year.
1/1/2014	Vytorin	Claims for the combination drug products will process if during the past 180 days the member has previous claims for at least 30 days of each of the individual components of the combination drug. Combination Drugs and their individual components include: Vytorin (simvastatin and Zetia), Avandamet (Avandia and metformin), Avandaryl (Avandia and glimepiride). Coverage duration is one year.
1/1/2014	Zomig Nasal Spray	Claims for 5-ht agonist therapy (Axert, Frova, Relpax tablets, Zomig nasal spray) will process if previous claims have been filled for at least 6 days of therapy with generic sumatriptan (oral, injection or nasal spray) naratriptan, rizatriptan or zolmetriptan oral tablets, in the past 120 days. Coverage duration is one year.

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**BCN Advantage™ HMO**  
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