



To: Jai Medical Systems MCO Providers
From: BioScrip PBM Services
Date: October 31, 2014
Subject: Formulary Updates - Protopic and Immediate-Release Guanfacine and Clonidine

Effective December 1, 2014:

Age restrictions are being added to the immediate-release formulations of clonidine (Catapres) and guanfacine (Tenex). Medical necessity authorization will be required for members ages 17 years and younger.

The extended-release formulations, Kapvay and Intuniv, will continue to be covered fee-for-service through Maryland Medical Assistance for members ages 6 to 17.

Also, please see the updated prior authorization criteria for Protopic:

GENERIC: TACROLIMUS

BRAND: PROTOPIC®

INDICATION:

(1) Moderate to severe atopic dermatitis

Criteria:

- (a) Patient must be non-immunocompromised **and**
- (b) Must be at least 2 years of age or older for the 0.03% strength **or**
- (c) 16 years of age or older for 0.1% strength **and**
- (d) Diagnosis of atopic dermatitis
- (e) Documented failure of 2 different topical corticosteroids of medium to high potency in the past 90 days
- (f) Must be prescribed by a dermatologist, allergist, or for children, a pediatrician

Providers can contact BioScrip's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24 hour customer service department at 800-213-5640.