

ANTICONVULSANTS

Products Affected

Step 2:

- Aptiom 200 mg tablet
- Aptiom 400 mg tablet
- Aptiom 600 mg tablet
- Aptiom 800 mg tablet
- Banzel 200 mg tablet
- Banzel 400 mg tablet
- Fycompa 0.5 mg/mL oral suspension
- Fycompa 10 mg tablet
- Fycompa 12 mg tablet
- Fycompa 2 mg tablet
- Fycompa 4 mg tablet
- Fycompa 6 mg tablet
- Fycompa 8 mg tablet

Details

Criteria	Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 day supply of a Generic Anticonvulsant in the past 365 days. Otherwise, Brand Anticonvulsants require a step therapy exception request indicating: (1) history of inadequate treatment response with Generic Anticonvulsants, OR (2) history of adverse event with Generic Anticonvulsants, OR (3) Generic Anticonvulsants are contraindicated.
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ANTIDEPRESSANTS

Products Affected

Step 2:

- amoxapine 100 mg tablet
- amoxapine 150 mg tablet
- amoxapine 25 mg tablet
- amoxapine 50 mg tablet
- clomipramine 25 mg capsule
- clomipramine 50 mg capsule
- clomipramine 75 mg capsule
- Emsam 12 mg/24 hr transdermal 24 hour patch
- Emsam 6 mg/24 hr transdermal 24 hour patch
- Emsam 9 mg/24 hr transdermal 24 hour patch
- Marplan 10 mg tablet
- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet

Details

Criteria	
	Claim will pay automatically for MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, and TRINTELLIX if enrollee has a paid claim for at least a 1 day supply of A STEP 1 AGENT (AMITRIPTYLINE, BUPROPION, BUPROPION ER, CITALOPRAM, DESIPRAMINE, DESVENLAFAXINE, DRIZALMA, DOXEPIN, DULOXETINE, ESCITALOPRAM, FETZIMA, FLUOXETINE, FLUVOXAMINE, IMIPRAMINE, MAPROTILINE, MIRTAZAPINE, MIRTAZAPINE ODT, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PAXIL SUSP, PHENELZINE, PERPHENAZINE-AMITRIPTYLINE, PROTRIPTYLINE, SERTRALINE, TRANYLCYPROMINE, TRAZODONE, VENLAFAXINE, VENLAFAXINE ER, or VIIBRYD in the past 365 days. Otherwise, MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, TRINTELLIX require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP1 AGENT, OR (2) history of adverse event with STEP1 AGENT, OR (3) STEP1 AGENT is contraindicated.

ANTIDIABETIC AGENTS

Products Affected

Step 2:

- Glumetza 1,000 mg tablet,extended release tablet,extended release
- Glumetza 500 mg tablet,extended release • metformin ER 500 mg 24 hr
- metformin ER 1,000 mg 24 hr tablet,extended release

Details

Criteria	Claim will pay automatically for Glumetza or modified Meformin ER if enrollee has a paid claim for at least a one day supply of Metformin or Metformin ER (RXCUIs 860975, 860981, 861004, 861007, 861010). Otherwise, Glumetza or modified Metformin ER require a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.
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ATYPICALS

Products Affected

Step 2:

- clozapine 100 mg disintegrating tablet
- clozapine 100 mg tablet
- clozapine 12.5 mg disintegrating tablet
- clozapine 150 mg disintegrating tablet
- clozapine 200 mg disintegrating tablet
- clozapine 200 mg tablet
- clozapine 25 mg disintegrating tablet
- Fanapt 1 mg tablet
- Fanapt 10 mg tablet
- Fanapt 12 mg tablet
- Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack
- Fanapt 2 mg tablet
- Fanapt 4 mg tablet
- Fanapt 6 mg tablet
- Fanapt 8 mg tablet
- Geodon 20 mg/mL (final concentration) intramuscular solution
- Invega 1.5 mg tablet, extended release
- Invega 3 mg tablet, extended release
- Invega 6 mg tablet, extended release
- Invega 9 mg tablet, extended release
- Versacloz 50 mg/mL oral suspension
- Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack
- Vraylar 1.5 mg capsule
- Vraylar 3 mg capsule
- Vraylar 4.5 mg capsule
- Vraylar 6 mg capsule
- Zyprexa Relprevv 210 mg intramuscular suspension

Details

Criteria	Claim will pay automatically for CLOZAPINE oral tablets, INVEGA, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, CLOZAPINE ODT, GEODON INJ, VRAYLAR, or VERSACLOZ if enrollee has a paid claim for at least a 1 day supply of Latuda OR 2 GENERIC AGENTS (ARIPIRAZOLE, FLUPHENAZINE, LOXAPINE, MOLINDONE, OLANZAPINE, PALIPERIDONE, PERPHENAZINE, QUETIAPINE, RISPERIDONE, THIOTHIXENE, ZIPRASIDONE) in the past 365 days. Otherwise, Non-Preferred Antipsychotics require a step therapy exception request indicating any ONE of the following (1) diagnosis that is not covered by Latuda (i.e. Acute treatment of agitation for Geodon injection) OR 2 GENERIC AGENTS, OR (2) history of inadequate treatment response with Latuda OR 2 GENERIC AGENTS, OR (3) history of adverse event with Latuda OR 2 GENERIC AGENTS, OR (4) Latuda OR 2 GENERIC AGENTS are contraindicated.
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TOPICAL AGENTS

Products Affected

Step 2:

- Eucrisa 2 % topical ointment
- pimecrolimus 1 % topical cream

Details

Criteria	Claim will pay automatically for Pimecrolimus OR Eucrisa if enrollee has paid claims history for at least 1 formulary topical steroid.
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ULORIC

Products Affected

Step 2:

- febuxostat 40 mg tablet
- febuxostat 80 mg tablet

Details

Criteria	Claim will pay automatically for febuxostat if enrollee has a paid claim for Allopurinol. Otherwise, febuxostat requires a step therapy exception request indicating: (1) history of inadequate treatment response with Allopurinol, OR (2) history of adverse event with Allopurinol, OR (3) Allopurinol is contraindicated.
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