

ANTICONVULSANTS

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- BANZEL SUSPENSION 40 MG/ML ORAL
- BANZEL TABLET 200 MG ORAL
- BANZEL TABLET 400 MG ORAL
- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT TABLET 10 MG ORAL
- BRIVIACT TABLET 100 MG ORAL
- BRIVIACT TABLET 25 MG ORAL
- BRIVIACT TABLET 50 MG ORAL
- BRIVIACT TABLET 75 MG ORAL
- CELONTIN CAPSULE 300 MG ORAL
- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL
- PEGANONE TABLET 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- VIMPAT SOLUTION 10 MG/ML ORAL
- VIMPAT TABLET 100 MG ORAL
- VIMPAT TABLET 150 MG ORAL
- VIMPAT TABLET 200 MG ORAL
- VIMPAT TABLET 50 MG ORAL

Details

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| Criteria | Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 days supply of a Generic Anticonvulsant or Tegretol XR or Epidiolex 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 Tegretol XR or Epidiolex, OR (2) history of adverse event with Generic Anticonvulsants or Tegretol XR or Epidiolex, OR (3) Generic Anticonvulsants or Tegretol XR or Epidiolex is contraindicated. |
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ANTIDEPRESSANTS

Products Affected

Step 2:

- *amoxapine tablet 100 mg oral*
- *amoxapine tablet 150 mg oral*
- *amoxapine tablet 25 mg oral*
- *amoxapine tablet 50 mg oral*
- *citalopram hydrobromide solution 10 mg/5ml oral*
- *citalopram hydrobromide tablet 10 mg oral*
- *citalopram hydrobromide tablet 20 mg oral*
- *citalopram hydrobromide tablet 40 mg oral*
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- MARPLAN TABLET 10 MG ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

| Criteria |
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| Claim will pay automatically for Amoxapine, Citalopram, Emsam, Marplan or Vibryd if enrollee has a paid claim for at least a 1 days supply of a generic formulary antidepressant in the past 365 days. Otherwise, Amoxapine, Citalopram, Emsam, Marplan or Vibryd require a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Antidepressant, OR (2) history of adverse event with Step 1 Antidepressant , OR (3)Step 1 Antidepressant is contraindicated. |

ATYPICALS

Products Affected

Step 2:

- *clozapine tablet 100 mg oral*
- *clozapine tablet 200 mg oral*
- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- FAZACLO TABLET DISPERSIBLE 100 MG ORAL
- FAZACLO TABLET DISPERSIBLE 12.5 MG ORAL
- FAZACLO TABLET DISPERSIBLE 150 MG ORAL
- FAZACLO TABLET DISPERSIBLE 200 MG ORAL
- FAZACLO TABLET DISPERSIBLE 25 MG ORAL
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- VERSACLOZ SUSPENSION 50 MG/ML ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

Details

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| Criteria | Claim will pay automatically for Clozapine (Tabs or ODT), Fanapt, Fazaclo, Geodon inj, Saphris, Versacloz, Vraylar, or ZYyprexa Relprevv if enrollee has a paid claim for at least a 1 days supply of 2 generic formulary atypicals 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 generic formulary products (i.e. Acute treatment of agitation for Geodon injection), OR (2) History of inadequate treatment response with generic formulary products, OR (3) History of adverse event with generic formulary products, OR (4) Generic formulary products are contraindicated |
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CELECOXIB

Products Affected

Step 2:

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

Details

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| Criteria | Claim will pay automatically for Celecoxib if enrollee has a paid claim for at least a 1 days supply of a generic formulary NSAID in the member's overall utilization history (lifetime). Otherwise, Celecoxib requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary NSAID, OR (2) history of adverse event with any generic formulary NSAID, OR (3) any generic formulary NSAID is contraindicated. |
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CNS STIMULANTS

Products Affected

Step 2:

- *atomoxetine hcl capsule 10 mg oral*
- *atomoxetine hcl capsule 100 mg oral*
- *atomoxetine hcl capsule 18 mg oral*
- *atomoxetine hcl capsule 25 mg oral*
- *atomoxetine hcl capsule 40 mg oral*
- *atomoxetine hcl capsule 60 mg oral*
- *atomoxetine hcl capsule 80 mg oral*

Details

| Criteria | Claim will pay automatically for ATOMOXETINE if enrollee has paid claims history for any one of the following formulary CNS stimulants: amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER. Otherwise, ATOMOXETINE requires a step therapy exception request indicating: (1) history of inadequate treatment response with amphetamine salts, dexamethylphenidate, dextroamphetaminemethylphenidate, OR guanfacine ER OR (2) history of adverse event with amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate, OR guanfacine ER OR (3)amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER is contraindicated. |
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ELIDEL

Products Affected

Step 2:

- *pimecrolimus cream 1 % external*

Details

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| Criteria | Claim will pay automatically for pimecrolimus (generic of Elidel) if enrollee has paid claims history for at least 2 different formulary topical steroids. |
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PPI

Products Affected

Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

Details

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| Criteria | Claim will pay automatically for Dexilant if the enrollee has paid claims history of any 1 days supply of any single Step 1 agent in the member's overall utilization history (lifetime). Step 1 Drugs are: esomeprazole, omeprazole, pantoprazole. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Drugs OR (2) history of adverse event with Step 1 Drugs OR (3) Step 1 Drugs are contraindicated |
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PROLIA

Products Affected

Step 2:

- PROLIA SOLUTION 60 MG/ML
SUBCUTANEOUS
- PROLIA SOLUTION PREFILLED
SYRINGE 60 MG/ML
SUBCUTANEOUS

Details

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| Criteria | Claim will pay automatically for Prolia if enrollee has a paid claim for at least a 1 days supply of Alendronate, Ibandronate or Risedroante in the past 365 days. Otherwise, Prolia requires a step therapy exception request indicating: (1) history of inadequate treatment response with Alendronate, Ibandronate or Risedroante, OR (2) history of adverse event with Alendronate, Ibandronate or Risedroante, OR (3) Alendronate, Ibandronate or Risedroante is contraindicated. |
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RANEXA

Products Affected

Step 2:

- RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL
- RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL
- *ranolazine er tablet extended release 12 hour 1000 mg oral*
- *ranolazine er tablet extended release 12 hour 500 mg oral*

Details

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| Criteria | Claim will pay automatically for Ranolazine (Ranexa) if enrollee has a paid claim for at least a 1 day supply of Amlodipine, Atenolol, Diltiazem, Isosorbide dinitrate, Isosorbide mononitrate, Metoprolol ER, Minitran patch, Nadolol, Nicardipine, Nitroglycerin, Propranolol in the past 365 days. otherwise Ranolazine (Ranexa) requires a step therapy exception request indication any one of the following: (1) History of inadequate treatment response with step 1 agents or (2) History of adverse event with a step 1 agent or (3) Step 1 agents are contraindicated. |
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RYTARY

Products Affected

Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

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| Criteria | Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of generic Carbidopa/Levodopa in the member's overall utilization history (lifetime). Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with Carbidopa/Levodopa , OR (2) history of adverse event with Carbidopa/Levodopa , OR (3) Carbidopa/Levodopa is contraindicated. |
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TRELEGY

Products Affected

Step 2:

- TRELEGY ELLIPTA AEROSOL
POWDER BREATH ACTIVATED 100-
62.5-25 MCG/INH INHALATION

Details

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| Criteria | Claim will pay automatically for Trelegy if enrollee has a paid claim for at least 1 day supply of Advair Diskus, Advair HFA, Anoro, Breo Ellipta, Combivent, Daliresp, Fluticasone-Salmeterol Aerosol, Serevent, Spiriva, Stiolto in the past 365 days. Otherwise, Trelegy will 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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ULORIC

Products Affected

Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

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| Criteria | Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 1 days supply of Allopurinol in the past 365 days. Otherwise, Uloric 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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