ACTINIC KERATOSIS - S

Products Affected

- Diclofenac Sodium GEL 3%
- Klisyri

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod

ANTICONVULSANTS

Products Affected

- Aptiom
- Eprontia
- Fycompa

Details

Criteria	Claim will pay automatically for Brand Anticonvulsants [i.e, Aptiom, Eprontia, Fycompa] 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. Step applies to new starts only. Approve for continuation of prior therapy.

ANTIDEPRESSANTS - S

Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline (tablet or solution), venlafaxine. Approve for continuation of prior therapy.

ATYPICAL ANTIPSYCHOTICS

Products Affected

- Clozapine TABS 100MG, 200MG, 25MG, 50MG
- Clozapine Odt
- Fanapt
- Fanapt Titration Pack
- Lybalvi
- Rexulti
- Secuado
- Versacloz
- Vraylar
- Zyprexa Relprevv

Details

Criteria	Claim will pay automatically for CLOZAPINE oral tablets, CLOZAPINE ODT, LYBALVI REXULTI, SECUADO, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, VRAYLAR, or VERSACLOZ if enrollee has a paid claim for at least a 1 day supply of 2 GENERIC AGENTS (ARIPIPRAZOLE, ASENAPINE, FLUPHENAZINE, LOXAPINE, LURASIDONE, MOLINDONE, OLANZAPINE, PALIPERIDONE, PERPHENAZINE, QUETIAPINE, RISPERIDONE, THIOTHIXENE, ZIPRASIDONE oral capsules) 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 2 GENERIC AGENTS, OR (2) history of inadequate treatment response with 2 GENERIC AGENTS, OR (3) history of adverse event with 2 GENERIC AGENTS, OR (4) 2 GENERIC AGENTS are contraindicated. Step applies to new starts only. Approve for continuation of prior therapy.

FEBUXOSTAT

Products Affected

- Febuxostat

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.

GLUCAGON- S

Products Affected

- Glucagen Hypokit

Details

Criteria	Trial of one of the following: Gvoke, Baqsimi, or Glucagon

INVEGA HAFYERA THERAPY - S

Products Affected

- Invega Hafyera

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.

NAMZARIC - S

Products Affected

- Namzaric CP24

Details

Criteria	Trial of generic memantine extended-release

PD AGENTS - S

Products Affected

- Neupro

Details

Criteria	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole

RELISTOR - S

Products Affected

- Relistor

Details

Criteria	Trial of lubiprostone or lactulose

STATINS - S

Products Affected

- Livalo

Details

Criteria	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

ZONISADE SUSPENSION - S

Products Affected

- Zonisade

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.

Index Of Drugs