

# ACTINIC KERATOSIS - S

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## Products Affected

- Diclofenac Sodium GEL 3%
- Klisyri

## Details

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<b>Criteria</b>	Trial of either topical fluorouracil or topical imiquimod
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# ANTICONVULSANTS

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## Products Affected

- Aptiom
- Eprontia
- Fycompa

## Details

<b>Criteria</b>	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.
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# ANTIDEPRESSANTS - S

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## Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack

## Details

<b>Criteria</b>	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.
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# ATYPICAL ANTIPSYCHOTICS

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## Products Affected

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

## Details

Criteria	
	<p>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.</p>

# FEBUXOSTAT

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## Products Affected

- Febuxostat

## Details

<b>Criteria</b>	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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# GLUCAGON- S

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## Products Affected

- Glucagen Hypokit

## Details

<b>Criteria</b>	Trial of one of the following: Gvoke, Baqsimi, or Glucagon
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# INVEGA HAFYERA THERAPY - S

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## Products Affected

- Invega Hafyera

## Details

<b>Criteria</b>	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
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# NAMZARIC - S

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## Products Affected

- Namzarin CP24

## Details

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<b>Criteria</b>	Trial of generic memantine extended-release
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# PD AGENTS - S

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## Products Affected

- Neupro

## Details

<b>Criteria</b>	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole
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# RELISTOR - S

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## Products Affected

- Relistor

## Details

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<b>Criteria</b>	Trial of lubiprostone or lactulose
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# STATINS - S

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## Products Affected

- Livalo

## Details

<b>Criteria</b>	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
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# ZONISADE SUSPENSION - S

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## Products Affected

- Zonisade

## Details

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