

ANTICONVULSANTS

Products Affected

Step 2:

- Aptiom 200 mg tablet
- Aptiom 400 mg tablet
- Aptiom 600 mg tablet
- Aptiom 800 mg tablet
- Eprontia 25 mg/mL oral solution
- 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
- Zonisade 100 mg/5 mL oral suspension

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, MIRTAZAPINE, MIRTAZAPINE ODT, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PHENELZINE, PERPHENAZINE-AMITRIPTYLINE, PROTRIPTYLINE, SERTRALINE, TRANYLCPROMINE, TRAZODONE, VENLAFAXINE, VENLAFAXINE ER, VILAZODONE 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.

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
- Secuado 3.8 mg/24 hour transdermal 24 hour patch
- Secuado 5.7 mg/24 hour transdermal 24 hour patch
- Secuado 7.6 mg/24 hour transdermal 24 hour patch
- Versacloz 50 mg/mL oral suspension
- Zyprexa Relprevv 210 mg intramuscular suspension

Details

Criteria	<p>Claim will pay automatically for CLOZAPINE oral tablets, SECUADO, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, CLOZAPINE ODT, or VERSACLOZ if enrollee has a paid claim for at least a 1 day supply of 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 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.</p>
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TOPICAL AGENTS

Products Affected

Step 2:

- pimecrolimus 1 % topical cream

Details

Criteria	Claim will pay automatically for Pimecrolimus 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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