

# ANTICONVULSANTS

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## 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

## Details

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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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# ATYPICALS

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## Products Affected

### Step 2:

- Abilify MyCite Maintenance Kit 15 mg tablet with sensor and strip
- Abilify MyCite Maintenance Kit 2 mg tablet with sensor and strip
- Abilify MyCite Maintenance Kit 20 mg tablet with sensor and strip
- Abilify MyCite Maintenance Kit 5 mg tablet with sensor and strip
- Abilify MyCite Starter Kit 10 mg oral tablet with sensor, strip, pod
- Caplyta 42 mg capsule
- 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
- Rexulti 0.25 mg tablet
- Rexulti 0.5 mg tablet
- Rexulti 1 mg tablet
- Rexulti 2 mg tablet
- Rexulti 3 mg tablet
- Rexulti 4 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
- 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

<b>Criteria</b>	Claim will pay automatically for CLOZAPINE oral tablets, ABILIFY MYCITE, CAPLYTA, REXULTI, SECUADO, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, CLOZAPINE ODT, VRAYLAR, 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.
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# TOPICAL AGENTS

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## Products Affected

### Step 2:

- pimecrolimus 1 % topical cream

### Details

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