

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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ATYPICALS

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 10.5 mg capsule
- Caplyta 21 mg capsule
- 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 IM suspension

Details

Criteria	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

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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