

# ANTICONVULSANTS

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## Products Affected

### Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT TABLET 10 MG ORAL
- BRIVIACT TABLET 100 MG ORAL
- BRIVIACT TABLET 25 MG ORAL
- BRIVIACT TABLET 50 MG ORAL
- BRIVIACT TABLET 75 MG ORAL
- CELONTIN CAPSULE 300 MG ORAL
- DILANTIN CAPSULE 30 MG ORAL
- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL
- PEGANONE TABLET 250 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- VIMPAT SOLUTION 10 MG/ML ORAL
- VIMPAT TABLET 100 MG ORAL
- VIMPAT TABLET 150 MG ORAL
- VIMPAT TABLET 200 MG ORAL
- VIMPAT TABLET 50 MG ORAL
- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

## Details

<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary anticonvulsant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with any generic formulary anticonvulsant, OR (2) history of adverse event with any generic formulary anticonvulsant, OR (3) generic formulary anticonvulsants are contraindicated.
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# ANTIDEPRESSANTS

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## Products Affected

### Step 2:

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- MARPLAN TABLET 10 MG ORAL
- PAXIL SUSPENSION 10 MG/5ML ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary antidepressant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with any generic formulary antidepressant, OR (2) history of adverse event with any generic formulary antidepressant, OR (3) generic formulary antidepressants are contraindicated.
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# ATYPICALS

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## Products Affected

### Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- VERSACLOZ SUSPENSION 50 MG/ML ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR

## Details

<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary antipsychotic in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) History of inadequate treatment response with any generic formulary antipsychotic, OR (2) History of adverse event with any generic formulary antipsychotic, OR (3) generic formulary antipsychotics are contraindicated.
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# KATERZIA

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## Products Affected

### Step 2:

- KATERZIA SUSPENSION 1 MG/ML  
ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of amlodipine tablets in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with amlodipine tablets, OR (2) history of adverse event with amlodipine tablets, OR (3) amlodipine tablets are contraindicated.
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# PPI

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## Products Affected

### Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary proton pump inhibitor (PPI) in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with any generic formulary PPI, OR (2) history of adverse event with any generic formulary PPI, OR (3) generic formulary PPIs are contraindicated.
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# RYTARY

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## Products Affected

### Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of generic formulary carbidopa/levodopa or carbidopa/levodopa/entacapone in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with generic formulary carbidopa/levodopa or carbidopa/levodopa/entacapone, OR (2) history of adverse event with generic formulary carbidopa/levodopa or carbidopa/levodopa/entacapone, OR (3) generic formulary carbidopa/levodopa or carbidopa/levodopa/entacapone is contraindicated.
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# TOPICAL ROSACEA

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## Products Affected

### Step 2:

- *azelaic acid gel 15 % external*
- FINACEA FOAM 15 % EXTERNAL

## Details

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<b>Criteria</b>	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary topical metronidazole product in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with any generic formulary topical metronidazole product, OR (2) history of adverse event with any generic formulary topical metronidazole product, OR (3) generic formulary topical metronidazole products are contraindicated.
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**XCOPRI (350 MG DAILY DOSE)**

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