

ANTICONVULSANTS

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- BANZEL SUSPENSION 40 MG/ML ORAL
- BANZEL TABLET 200 MG ORAL
- BANZEL TABLET 400 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
- EPIDIOLEX SOLUTION 100 MG/ML ORAL
- FINTEPLA SOLUTION 2.2 MG/ML 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
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 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 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

Criteria	Claim will pay automatically for any brand formulary anticonvulsant if enrollee has a paid claim for at least a 1 day supply of any generic formulary anticonvulsant in the past 365 days. Otherwise, any brand formulary anticonvulsant require a step therapy exception request 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) any generic formulary anticonvulsant is contraindicated.
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ANTIDEPRESSANTS

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
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- 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
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	Claim will pay automatically for any brand formulary antidepressant if enrollee has a paid claim for at least a 1 day supply of any generic formulary antidepressant in the past 365 days. Otherwise, any brand formulary antidepressant require a step therapy exception request 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) any generic formulary antidepressant is contraindicated.
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ATYPICALS

Products Affected

Step 2:

- ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR
- CAPLYTA CAPSULE 42 MG ORAL
- 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
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR
- 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
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

- 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

Criteria	Claim will pay automatically for any brand formulary atypical antipsychotic if enrollee has a paid claim for at least a 1 day supply of any generic formulary atypical antipsychotic in the past 365 days. Otherwise, any brand formulary atypical antipsychotic require a step therapy exception request indicating: (1) History of inadequate treatment response with any generic formulary atypical antipsychotic, OR (2) History of adverse event with any generic formulary atypical antipsychotic, OR (3) any generic formulary atypical antipsychotic is contraindicated.
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CNS STIMULANTS

Products Affected

Step 2:

- *atomoxetine hcl capsule 10 mg oral*
- *atomoxetine hcl capsule 100 mg oral*
- *atomoxetine hcl capsule 18 mg oral*
- *atomoxetine hcl capsule 25 mg oral*
- *atomoxetine hcl capsule 40 mg oral*
- *atomoxetine hcl capsule 60 mg oral*
- *atomoxetine hcl capsule 80 mg oral*

Details

Criteria	Claim will pay automatically for atomoxetine capsule if enrollee has a paid claim for at least a 1 day supply of amphetamine-dextroamphetamine IR tablets, dexamethylphenidate, dextroamphetamine, guanfacine ER, or methylphenidate. Otherwise, atomoxetine requires a step therapy exception request indicating: (1) history of inadequate treatment response with amphetamine-dextroamphetamine IR tablets, dexamethylphenidate, dextroamphetamine, guanfacine ER, or methylphenidate OR (2) history of adverse event with amphetamine-dextroamphetamine IR tablets, dexamethylphenidate, dextroamphetamine, guanfacine ER, or methylphenidate, OR (3) amphetamine-dextroamphetamine IR tablets, dexamethylphenidate, dextroamphetamine, guanfacine ER, or methylphenidate is contraindicated.
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KATERZIA

Products Affected

Step 2:

- KATERZIA SUSPENSION 1 MG/ML
ORAL

Details

Criteria	Claim will pay automatically for Katerzia if enrollee has a paid claim for at least a 1 day supply of amlodipine tablets in the past 365 days. Otherwise, Katerzia requires a step therapy exception request 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

Products Affected

Step 2:

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

Details

Criteria	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 day supply of esomeprazole, omeprazole or pantoprazole in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with esomeprazole, omeprazole or pantoprazole, OR (2) history of adverse event with esomeprazole, omeprazole or pantoprazole, OR (3) esomeprazole, omeprazole or pantoprazole is contraindicated.
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RANOLAZINE

Products Affected

Step 2:

- *ranolazine er tablet extended release 12 hour 1000 mg oral*
- *ranolazine er tablet extended release 12 hour 500 mg oral*

Details

Criteria
Claim will pay automatically for ranolazine if enrollee has a paid claim for at least a 1 day supply of amlodipine, atenolol, diltiazem, isosorbide, metoprolol ER, Minitran patch, nadolol, nicardipine, Nitro-DUr patch, nitroglycerin, or propranolol in the past 365 days. Otherwise, ranolazine requires a step therapy exception request indicating: (1) history of inadequate treatment response with any step 1 agent or (2) history of adverse event with any step 1 agent or (3) any step 1 agent is contraindicated.

RYTARY

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

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