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
- 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
- ONFI SUSPENSION 2.5 MG/ML ORAL
- ONFI TABLET 10 MG ORAL
- ONFI TABLET 20 MG ORAL
- VIMPAT SOLUTION 10 MG/ML ORAL
- VIMPAT TABLET 150 MG ORAL
- VIMPAT TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 days 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 is contraindicated.

ANTIDEPRESSANTS

Products Affected

Step 2:

- *amoxapine tablet 100 mg oral*
- *amoxapine tablet 150 mg oral*
- *amoxapine tablet 25 mg oral*
- *amoxapine tablet 50 mg oral*
- *clomipramine hcl capsule 25 mg oral*
- *clomipramine hcl capsule 50 mg oral*
- *clomipramine hcl capsule 75 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
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	Claim will pay automatically for MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, and TRINTELLIX if enrollee has a paid claim for at least a 1 days supply of A STEP 1 AGENT (AMITRIPTYPLINE, BUPROPION ER, CITALOPRAM, DESIPRAMINE, DESVENLAFAXINE, DOXEPIN, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, FETZIMA, IMPRAMINE, MIRTAZAPINE, MIRTAZAPINE ODT, MAPROTILINE, NEFAZODONE, NORTIPTYLINE, PAROXETINE, PAXIL SUSP, PROTRIPTYLINE, PHENELZINE, SERTRALINE, TRAZODONE, VENLAFAXINE, 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 tablet 100 mg oral*
- *clozapine tablet 200 mg oral*
- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 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
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 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

Details

Criteria	Claim will pay automatically for CLOZAPINE oral tablets, INVEGA, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, VERSACLOZ, CLOZAPINE ODT, GEODON INJ, OR VRAYLAR if enrollee has a paid claim for at least a 1 days supply of a Latuda OR 2 GENERIC AGENTS (ARIPIPRAZOLE, FLUPHENAZINE, OLANZAPINE, PALIPERIDONE, PERPHENAZINE, QUETIAPINE, RISPERIDONE, 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 Latuda OR 2 GENERIC AGENTS (i.e. Acute treatment of agitation for Geodon injection, OR (2) history of inadequate treatment response with Latuda OR 2 GENERIC AGENTS, OR (3) history of adverse event with Latuda OR 2 GENERIC AGENTS, OR (4)Latuda OR 2 GENERIC AGENTS is contraindicated

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 Strattera if enrollee has paid claims history for any one of the following formulary CNS stimulants: amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER. Otherwise, Strattera requires a step therapy exception request indicating: (1) history of inadequate treatment response with amphetamine salts, dexmethylphenidate, dextroamphetaminemethylphenidate, OR guanfacine ER OR (2) history of adverse event with amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate, OR guanfacine ER OR (3)amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER is contraindicated.

ELIDEL

Products Affected

Step 2:

- ELIDEL CREAM 1 % EXTERNAL

Details

Criteria	Claim will pay automatically for Elidel if enrollee has paid claims history for at least 2 different formulary topical steroids.

GLP1-INSULIN

Products Affected

Step 2:

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

Details

Criteria	Claim will pay automatically for Xultophy or Soliqua if enrollee has a paid claim for at least a one step level 1 agent (LANTUS, LEVEMIR, TOUJEO, TRESIBA, TRULICITY OR VICTOZA). Otherwise, Xultophy or Soliqua require a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.

HRM DIGOXIN

Products Affected

Step 2:

- DIGITEK TABLET 250 MCG ORAL
- *digox tablet 250 mcg oral*
- *digoxin solution 0.05 mg/ml oral*
- *digoxin solution 0.25 mg/ml injection*
- *digoxin tablet 250 mcg oral*

Details

Criteria	Claim will pay automatically for members under 65 years of age. For those 65 years of age and over, claim will pay automatically for DIGOXIN 0.25MG if enrollee has a paid claim for at least a 1 days supply of DIGOXIN 0.125MG, ATENOLOL, BISOPROLOL, BYSTOLIC, CARTIA XT, CARVEDILOL, DILTIAZEM, DILT-XR, DILT-CD, DOFETILIDE, FLECAINIDE, LABETALOL, METOPROLOL, PROPAFENONE, PROPRANOLOL OR TAZTIA XT in the past 365 days. Otherwise, DIGOXIN 0.25MG 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) STEP 1 AGENTS are contraindicated.

HRM- NSAID

Products Affected

Step 2:

- *indomethacin capsule 25 mg oral*
- TIVORBEX CAPSULE 20 MG ORAL
- TIVORBEX CAPSULE 40 MG ORAL

Details

Criteria	Claim will pay automatically for members under 65 years of age. For those 65 years of age and over, claim will pay automatically for INDOMETHACIN OR TIVORBEX if enrollee has a paid claim for at least a 1 days supply of CELECOXIB, DICLOFENAC, ETODOLAC, IBUPROFEN,KETOPROFEN, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, PIROXICAM, OR SULINDAC in the past 365 days. Otherwise, INDOMETHACIN OR TIVORBEX 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) STEP 1 AGENTS are contraindicated.

HRM-ANTIPSYCHOTIC

Products Affected

Step 2:

- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- *thioridazine hcl tablet 10 mg oral*
- *thioridazine hcl tablet 100 mg oral*
- *thioridazine hcl tablet 25 mg oral*
- *thioridazine hcl tablet 50 mg oral*

Details

Criteria	Claim will pay automatically for members under 65 years of age. For those over 65 years of age, claim will pay automatically for SAPHRIS OR THIORIDAZINE if enrollee has a paid claim for at least a 1 days supply of ARIPIPRAZOLE, OLANZAPINE, PALIPERIDONE, QUETIAPINE, RISPERIDONE OR ZIPRASIDONE in the past 365 days. Otherwise, SAPHRIS OR THIORIDAZINE 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) STEP 1 AGENTS are contraindicated.

HRM-BARBITURATE

Products Affected

Step 2:

- *phenobarbital elixir 20 mg/5ml oral*
- *phenobarbital tablet 100 mg oral*
- *phenobarbital tablet 15 mg oral*
- *phenobarbital tablet 16.2 mg oral*
- *phenobarbital tablet 30 mg oral*
- *phenobarbital tablet 32.4 mg oral*
- *phenobarbital tablet 60 mg oral*
- *phenobarbital tablet 64.8 mg oral*
- *phenobarbital tablet 97.2 mg oral*

Details

Criteria	Claim will pay automatically for members under 65 years of age. For those over 65 years of age, claim will pay automatically for PHENOBARBITAL if enrollee has a paid claim for at least a 1 days supply of CLONAZEPAM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, PHENYTOIN, PRIMIDONE, ROWEEPRA XR, TOPIRAMATE OR ZONISAMIDE in the past 365 days. Otherwise, IPHENOBARBITAL 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) STEP 1 AGENTS are contraindicated.

IMMUNOMODULATORS

Products Affected

Step 2:

- REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS

Details

Criteria	Claim will pay automatically for REMICADE if enrollee has a paid claim for at least a 1 days supply of Enbrel AND Humira in the past 365 days. Otherwise Non-preferred immunomodulators require a step therapy exception request indicating (1) diagnosis not covered by Enbrel AND Humira such as pediatric ulcerative colitis OR Takayasu's disease for Remicade OR (2) history of inadequate treatment response with Enbrel or Humira, OR (3) history of adverse event with Enbrel or Humira OR (4) Enbrel or Humira is contraindicated.

EnvisionRxPlus 2018 Formulary Step Therapy Criteria

INDEX

A
amoxapine tablet 100 mg oral 2
amoxapine tablet 150 mg oral 2
amoxapine tablet 25 mg oral 2
amoxapine tablet 50 mg oral 2
APTIOM TABLET 200 MG ORAL 1
APTIOM TABLET 400 MG ORAL 1
APTIOM TABLET 600 MG ORAL 1
APTIOM TABLET 800 MG ORAL 1
atomoxetine hcl capsule 10 mg oral 4
atomoxetine hcl capsule 100 mg oral 4
atomoxetine hcl capsule 18 mg oral 4
atomoxetine hcl capsule 25 mg oral 4
atomoxetine hcl capsule 40 mg oral 4
atomoxetine hcl capsule 60 mg oral 4
atomoxetine hcl capsule 80 mg oral 4
B
BANZEL SUSPENSION 40 MG/ML ORAL 1
BANZEL TABLET 200 MG ORAL 1
BANZEL TABLET 400 MG ORAL 1
C
clomipramine hcl capsule 25 mg oral 2
clomipramine hcl capsule 50 mg oral 2
clomipramine hcl capsule 75 mg oral 2
clozapine tablet 100 mg oral 3
clozapine tablet 200 mg oral 3
clozapine tablet dispersible 100 mg oral 3
clozapine tablet dispersible 12.5 mg oral 3
clozapine tablet dispersible 150 mg oral 3
clozapine tablet dispersible 200 mg oral 3
clozapine tablet dispersible 25 mg oral 3
D
DIGITEK TABLET 250 MCG ORAL 7
digox tablet 250 mcg oral 7
digoxin solution 0.05 mg/ml oral 7
digoxin solution 0.25 mg/ml injection 7
digoxin tablet 250 mcg oral 7
E
ELIDEL CREAM 1 % EXTERNAL 5
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL 2
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL 2
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL 2
F
FANAPT TABLET 1 MG ORAL 3
FANAPT TABLET 10 MG ORAL 3
FANAPT TABLET 12 MG ORAL 3
FANAPT TABLET 2 MG ORAL 3
FANAPT TABLET 4 MG ORAL 3
FANAPT TABLET 6 MG ORAL 3
FANAPT TABLET 8 MG ORAL 3
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL 3
FYCOMPA SUSPENSION 0.5 MG/ML ORAL 1
FYCOMPA TABLET 10 MG ORAL 1
FYCOMPA TABLET 12 MG ORAL 1
FYCOMPA TABLET 2 MG ORAL 1
FYCOMPA TABLET 4 MG ORAL 1
FYCOMPA TABLET 6 MG ORAL 1
FYCOMPA TABLET 8 MG ORAL 1
G
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR 3
I
indomethacin capsule 25 mg oral 8
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL 3
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL 3
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL 3
M
MARPLAN TABLET 10 MG ORAL 2
O
ONFI SUSPENSION 2.5 MG/ML ORAL 1
ONFI TABLET 10 MG ORAL 1
ONFI TABLET 20 MG ORAL 1
P
phenobarbital elixir 20 mg/5ml oral 10

phenobarbital tablet 100 mg oral 10
phenobarbital tablet 15 mg oral 10
phenobarbital tablet 16.2 mg oral 10
phenobarbital tablet 30 mg oral 10
phenobarbital tablet 32.4 mg oral 10
phenobarbital tablet 60 mg oral 10
phenobarbital tablet 64.8 mg oral 10
phenobarbital tablet 97.2 mg oral 10
R
REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS 11
S
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL 9
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL..... 9
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL 9
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS..... 6
T
thioridazine hcl tablet 10 mg oral 9
thioridazine hcl tablet 100 mg oral 9
thioridazine hcl tablet 25 mg oral 9
thioridazine hcl tablet 50 mg oral 9
TIVORBEX CAPSULE 20 MG ORAL 8
TIVORBEX CAPSULE 40 MG ORAL 8
TRINTELLIX TABLET 10 MG ORAL..... 2
TRINTELLIX TABLET 20 MG ORAL..... 2
TRINTELLIX TABLET 5 MG ORAL..... 2
V
VERSACLOZ SUSPENSION 50 MG/ML ORAL..... 3
VIMPAT SOLUTION 10 MG/ML ORAL. 1
VIMPAT TABLET 150 MG ORAL..... 1
VIMPAT TABLET 200 MG ORAL..... 1
VRAYLAR CAPSULE 1.5 MG ORAL 3
VRAYLAR CAPSULE 3 MG ORAL 3
VRAYLAR CAPSULE 4.5 MG ORAL 3
VRAYLAR CAPSULE 6 MG ORAL 3
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL 3
X
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS..... 6
Z
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR 3