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	One of the following: A) Claim will pay automatically for Vimpat, Banzel, Fycompa or Aptiom if enrollee has a paid claim for at least a 1 day supply of a generic anticonvulsant in the past 365 days. Otherwise, Vimpat, Banzel, Fycompa or Aptiom 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 OR B) Claim will pay automatically for Onfi if enrollee has a paid claim for at least a 1 day supply of generic anticonvulsant or Diastat in the past 365 days. Otherwise, Onfi requires a step therapy exception request indicating: (1) history of inadequate treatment response with generic anticonvulsants or Diastat, OR (2) history of adverse event with generic anticonvulsants or Diastat, OR (3) generic anticonvulsants or Diastat 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 (AMITRIPTYLINE, BUPROPION, BUPROPION ER, CITALOPRAM, DESIPRAMINE, DESVENLAFAXINE, DOXEPIN, DULOXETINE, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE, FETZIMA, IMPRAMINE, MIRTAZAPINE, MIRTAZAPINE ODT, MAPROTILINE, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PAXIL SUSP, PROTRIPTYLINE, PHENELZINE, SERTRALINE, TRAZODONE, TRANYLCYPROMINE, VENLAFAXINE, VENLAFAXINE ER, or 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
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- 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, SAPHRIS 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 atomoxetine if enrollee has paid claims history for any one of the following formulary CNS stimulants: amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate, metadate OR guanfacine ER. Otherwise, atomoxetine requires a step therapy exception request indicating: (1) history of inadequate treatment response with amphetamine salts, dexmethylphenidate, dextroamphetamine methylphenidate, metadate OR guanfacine ER OR (2) history of adverse event with amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate, metadate OR guanfacine ER OR (3)amphetamine salts, dexmethylphenidate, dextroamphetamine, methylphenidate, metadate OR guanfacine ER is contraindicated.

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, VICTOZA OR OZEMPIC). 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 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 TABS, OR DIGOXIN 50 MCG/ML SOL if enrollee has a paid claim for at least a 1 days supply of DIGOXIN 0.125MG, DIGITEK 0.125MG, ATENOLOL, BISOPROLOL, BYSTOLIC, CARTIA XT, CARVEDILOL, DILTIAZEM, DILT-XR, DOFETILIDE, FLECAINIDE, LABETALOL, METOPROLOL, PROPAFENONE, PROPRANOLOL OR TAZTIA XT in the past 365 days. Otherwise, DIGOXIN 0.25MGTABS OR DIGOXIN 0.5MG/ML SOL 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*
- *ketorolac tromethamine tablet 10 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 KETOROLAC 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 KETOROLAC 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, PHENOBARBITAL 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.

LABA

Products Affected

Step 2:

- TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION

Details

Criteria	Claim will pay automatically for Trelegy if enrollee has a paid claim for at least 1 day supply of Advair Diskus, Anoro, Breo Ellipta, Serevent Diskus, Spiriva HandiHaler or Spiriva Respimat in the past 180 days. Otherwise, Trelegy will 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.

TOPICAL AGENTS

Products Affected

Step 2:

- ELIDEL CREAM 1 % EXTERNAL
- EUCRISA OINTMENT 2 % EXTERNAL

Details

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

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