

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
- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 MG ORAL
- 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

Virginia Premier Advantage Elite 2022 Formulary
Step Therapy Criteria

- 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

Details

Criteria	Criteria applies to new starts only. 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 requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary atypical antipsychotic, (2) history of adverse event with any generic formulary atypical antipsychotic, or (3) any generic formulary atypical antipsychotic is contraindicated.
-----------------	---

DIFICID

Products Affected

Step 2:

- DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL
- DIFICID TABLET 200 MG ORAL

Details

Criteria	Criteria applies to new starts only. Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 day supply of Vancomycin or Firvanq in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with Vancomycin or Firvanq, OR (2) history of adverse event with Vancomycin or Firvanq, OR (3) Vancomycin or Firvanq 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	
	Criteria applies to new starts only. Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 day supply of generic Carbidopa, 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 Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone , OR (2) history of adverse event with Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone, OR (3) Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone is contraindicated.

STATIN

Products Affected

Step 2:

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details

Criteria	Criteria applies to new starts only. Claim will pay automatically for Livalo or Zypitamag if enrollee has a paid claim for at least a 1 days supply of any generic formulary statin in the past 365 days. Otherwise, Livalo or Zypitamag requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary statin, (2) history of adverse event with any generic formulary statin, or (3) any generic formulary statin is contraindicated.
-----------------	--

Virginia Premier Advantage Elite 2022 Formulary
Step Therapy Criteria

Index of Drugs

A

ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR..... 1, 2
 ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR..... 1, 2
 ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR..... 1, 2
 ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR..... 1, 2
 ABILIFY MYCITE TABLET 10 MG ORAL 1, 2
 ABILIFY MYCITE TABLET 15 MG ORAL 1, 2
 ABILIFY MYCITE TABLET 2 MG ORAL 1, 2
 ABILIFY MYCITE TABLET 20 MG ORAL 1, 2
 ABILIFY MYCITE TABLET 30 MG ORAL 1, 2
 ABILIFY MYCITE TABLET 5 MG ORAL 1, 2

C

CAPLYTA CAPSULE 42 MG ORAL. 1, 2

D

DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL 3
 DIFICID TABLET 200 MG ORAL..... 3

F

FANAPT TABLET 1 MG ORAL..... 1, 2
 FANAPT TABLET 10 MG ORAL..... 1, 2
 FANAPT TABLET 12 MG ORAL..... 1, 2
 FANAPT TABLET 2 MG ORAL..... 1, 2
 FANAPT TABLET 4 MG ORAL..... 1, 2
 FANAPT TABLET 6 MG ORAL..... 1, 2
 FANAPT TABLET 8 MG ORAL..... 1, 2
 FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL..... 1, 2

I

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR.... 1, 2
 INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR 1, 2
 INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR..... 1, 2
 INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR.... 1, 2
 INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR 1, 2
 INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR.. 1, 2
 INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR.. 1, 2
 INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR.... 1, 2
 INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR.. 1, 2

L

LATUDA TABLET 120 MG ORAL..... 1, 2
 LATUDA TABLET 20 MG ORAL..... 1, 2
 LATUDA TABLET 40 MG ORAL..... 1, 2
 LATUDA TABLET 60 MG ORAL..... 1, 2
 LATUDA TABLET 80 MG ORAL..... 1, 2
 LIVALO TABLET 1 MG ORAL..... 5
 LIVALO TABLET 2 MG ORAL..... 5
 LIVALO TABLET 4 MG ORAL..... 5

R

REXULTI TABLET 0.25 MG ORAL... 1, 2
 REXULTI TABLET 0.5 MG ORAL..... 1, 2
 REXULTI TABLET 1 MG ORAL..... 1, 2
 REXULTI TABLET 2 MG ORAL..... 1, 2
 REXULTI TABLET 3 MG ORAL..... 1, 2
 REXULTI TABLET 4 MG ORAL..... 1, 2

Virginia Premier Advantage Elite 2022 Formulary
Step Therapy Criteria

RISPERDAL CONSTA SUSPENSION
RECONSTITUTED ER 12.5 MG
INTRAMUSCULAR..... 1, 2

RISPERDAL CONSTA SUSPENSION
RECONSTITUTED ER 25 MG
INTRAMUSCULAR..... 1, 2

RISPERDAL CONSTA SUSPENSION
RECONSTITUTED ER 37.5 MG
INTRAMUSCULAR..... 1, 2

RISPERDAL CONSTA SUSPENSION
RECONSTITUTED ER 50 MG
INTRAMUSCULAR..... 1, 2

RYTARY CAPSULE EXTENDED
RELEASE 23.75-95 MG ORAL..... 4

RYTARY CAPSULE EXTENDED
RELEASE 36.25-145 MG ORAL..... 4

RYTARY CAPSULE EXTENDED
RELEASE 48.75-195 MG ORAL..... 4

RYTARY CAPSULE EXTENDED
RELEASE 61.25-245 MG ORAL..... 4

S

SECUADO PATCH 24 HOUR 3.8
MG/24HR TRANSDERMAL..... 2

SECUADO PATCH 24 HOUR 5.7
MG/24HR TRANSDERMAL..... 2

SECUADO PATCH 24 HOUR 7.6
MG/24HR TRANSDERMAL..... 2

V

VERSACLOZ SUSPENSION 50 MG/ML
ORAL 2

VRAYLAR CAPSULE 1.5 MG ORAL.... 2

VRAYLAR CAPSULE 3 MG ORAL..... 2

VRAYLAR CAPSULE 4.5 MG ORAL.... 2

VRAYLAR CAPSULE 6 MG ORAL..... 2

VRAYLAR CAPSULE THERAPY PACK
1.5 & 3 MG ORAL 2

Z

ZYPITAMAG TABLET 2 MG ORAL 5

ZYPITAMAG TABLET 4 MG ORAL 5

ZYPREXA RELPREVV SUSPENSION
RECONSTITUTED 210 MG
INTRAMUSCULAR 2