

ATYPICALS

Products Affected

Step 2:

- 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
- 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
- NUPLAZID CAPSULE 34 MG ORAL
- NUPLAZID TABLET 10 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 Abilify MyCite, Fanapt, Geodon IM, Nuplazid, Saphris, Versacloz, Vraylar, or Zyprexa Relprevv if enrollee has a paid claim for at least a 1 days supply of any generic formulary atypical antipsychotic in the past 365 days. Otherwise, Abilify MyCite, Fanapt, Geodon IM, Nuplazid, Saphris, Versacloz, Vraylar, or Zyprexa Relprevv requires 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.

CELECOXIB

Products Affected

Step 2:

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

Details

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

Products Affected

Step 2:

- DIFICID TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 days 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.
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LIVALO

Products Affected

Step 2:

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

Details

Criteria	Claim will pay automatically for Livalo 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 requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary statin, OR (2) history of adverse event with any generic formulary statin, OR (3) any generic formulary statin is contraindicated.
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LONG ACTING FENTANYL

Products Affected

Step 2:

- *fentanyl patch 72 hour 100 mcg/hr transdermal*
- *fentanyl patch 72 hour 12 mcg/hr transdermal*
- *fentanyl patch 72 hour 25 mcg/hr transdermal*
- *fentanyl patch 72 hour 50 mcg/hr transdermal*
- *fentanyl patch 72 hour 75 mcg/hr transdermal*

Details

Criteria	Claim will pay automatically for Fentanyl patch if enrollee has paid claims history for at least 1 days supply of either Morphine ER or Methadone in the past 365 days. Otherwise, Fentanyl patch requires a step therapy exception request indicating any one of the following: (1) history of inadequate treatment response with Morphine ER or Methadone OR (2) history of adverse event with Morphine ER or methadone, OR (3) Morphine ER or Methadone are contraindicated.
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NEUPRO

Products Affected

Step 2:

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

Criteria	Claim will pay automatically for neupro if enrollee has a paid claim for at least a 1 days supply of pramipexole or ropinirole in the past 365 days. Otherwise, neupro requires a step therapy exception request indicating: (1) history of inadequate treatment response with pramipexole or ropinirole, OR (2) history of adverse event with pramipexole or ropinirole, OR (3) pramipexole or ropinirole is 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 days supply of any 1 of the following: esomeprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 1 of the following: esomeprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole OR (2) history of adverse event with any 1 of the following: esomeprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole, OR (3) any 1 of the following: esomeprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole are 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 days supply of generic Carbidopa/Levodopa in the member's overall utilization history (lifetime). Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with Carbidopa/Levodopa , OR (2) history of adverse event with Carbidopa/Levodopa , OR (3) Carbidopa/Levodopa is contraindicated.
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TRELEGY

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, Advair HFA, Anoro, Breo Ellipta, Combivent, Daliresp, Fluticasone-Salmeterol Aerosol, Stiolto, Serevent or Spiriva 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.
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ULORIC

Products Affected

Step 2:

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*
- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

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

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Step Therapy Criteria

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 fentanyl patch 72 hour 12 mcg/hr
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N

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S

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T

TRELEGY ELLIPTA AEROSOL POWDER
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U

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Step Therapy Criteria

Z

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