

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
- NUPLAZID CAPSULE 34 MG ORAL
- NUPLAZID TABLET 10 MG ORAL
- PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS
- PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS
- 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
- 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	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.
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DEXILANT

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, lansoprazole, 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, lansoprazole, omeprazole or pantoprazole, OR (2) history of adverse event with esomeprazole, lansoprazole, omeprazole or pantoprazole, OR (3) esomeprazole, lansoprazole, omeprazole or pantoprazole is contraindicated.
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DIFICID

Products Affected

Step 2:

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

Details

Criteria	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.
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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, 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, carbidopa/levodopa, or carbidopa/levodopa/entacapone OR (2) history of adverse event with any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone, OR (3) any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone is contraindicated.
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