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
- CELONTIN CAPSULE 300 MG ORAL
- DILANTIN CAPSULE 30 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
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL
- VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL
- VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL
- VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of a generic formulary anticonvulsant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a generic formulary anticonvulsant, OR (2) history of adverse event with a generic formulary anticonvulsant, OR (3) generic formulary anticonvulsants are contraindicated.

ANTIDEPRESSANTS

Products Affected

Step 2:

- 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 if enrollee has a paid claim for at least a 1 day supply of any generic Formulary antidepressant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with Step 1 Antidepressant, (2) history of adverse event with Step 1 Antidepressant , or (3) Step 1 Antidepressant is contraindicated.

ATYPICALS

Products Affected

Step 2:

- 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
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- 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 if enrollee has a paid claim for at least a 1 day supply of Latuda or 2 generic formulary agents in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) diagnosis that is not covered by Latuda or 2 generic formulary agents, OR (2) history of inadequate treatment response with Latuda or 2 generic formulary agents, OR (3) history of adverse event with Latuda or 2 generic formulary agents, OR (4) Latuda or 2 generic formulary agents 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 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, (2) history of adverse event with Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone, or (3) Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone is contraindicated.

Index