

# ATYPICALS

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## 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
- Saphris Tablet Sublingual 10 MG Sublingual
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- Saphris Tablet Sublingual 5 MG Sublingual
- 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

<b>Criteria</b>	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 days 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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# CONDYLOX

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## Products Affected

### Step 2:

- Condylox Gel 0.5 % External

## Details

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<b>Criteria</b>	Claim will pay automatically for Condylox if enrollee has a paid claim for at least a 1 days supply of Podofilox in the past 365 days. Otherwise, Condylox requires a step therapy exception request indicating: (1) history of inadequate treatment response with podofilox OR (2) history of adverse event with podofilox OR (3) podofilox is contraindicated.
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# DIFICID

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## Products Affected

### Step 2:

- Dificid TABLET 200 MG ORAL

## Details

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<b>Criteria</b>	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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# NEUPRO

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## 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

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<b>Criteria</b>	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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# RYTARY

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## 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

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<b>Criteria</b>	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of generic 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/Levodopa or Carbidopa/Levodopa/Entacapone , OR (2) history of adverse event with Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone, OR (3) Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone is contraindicated.
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