

ABILIFY M

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

Details

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

Products Affected

Step 2:

- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral
- Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral
- Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral
- Pexeva TABLET 10 MG Oral
- Pexeva TABLET 20 MG Oral
- Pexeva TABLET 30 MG Oral
- Pexeva TABLET 40 MG Oral
- Trintellix TABLET 10 MG ORAL
- Trintellix TABLET 20 MG ORAL
- Trintellix TABLET 5 MG ORAL
- Viibryd Starter Pack KIT 10 & 20 MG Oral
- Viibryd TABLET 10 MG Oral
- Viibryd TABLET 20 MG Oral
- Viibryd TABLET 40 MG Oral

Details

Criteria	Claim will pay automatically for Fetzima, Forfivo XL, Trintellix, Pexeva, or Viibryd if enrollee has a paid claim for at least a 1 days supply of any 2 generic formulary antidepressants in the past 365 days. Otherwise, Fetzima, Forfivo XL, Trintellix, Pexeva, or Viibryd requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants, OR (2) history of adverse event with any 2 generic formulary antidepressants, OR (3) any 2 generic formulary antidepressants are contraindicated.
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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
- Geodon SOLUTION RECONSTITUTED 20 MG Intramuscular
- Invega Sustenna SUSPENSION 117 MG/0.75ML Intramuscular
- Invega Sustenna SUSPENSION 156 MG/ML Intramuscular
- Invega Sustenna SUSPENSION 234 MG/1.5ML Intramuscular
- Invega Sustenna SUSPENSION 39 MG/0.25ML Intramuscular
- Invega Sustenna SUSPENSION 78 MG/0.5ML Intramuscular
- Invega Trinza SUSPENSION 273 MG/0.875ML Intramuscular
- Invega Trinza SUSPENSION 410 MG/1.315ML Intramuscular
- Invega Trinza SUSPENSION 546 MG/1.75ML Intramuscular
- Invega Trinza SUSPENSION 819 MG/2.625ML Intramuscular
- Nuplazid TABLET 17 MG ORAL
- RisperDAL Consta SUSPENSION RECONSTITUTED 12.5 MG Intramuscular
- RisperDAL Consta SUSPENSION RECONSTITUTED 25 MG Intramuscular
- RisperDAL Consta SUSPENSION RECONSTITUTED 37.5 MG Intramuscular
- RisperDAL Consta SUSPENSION RECONSTITUTED 50 MG Intramuscular
- Saphris TABLET SUBLINGUAL 10 MG Sublingual
- Saphris TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- Saphris TABLET SUBLINGUAL 5 MG Sublingual
- 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 Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv, Nuplazid, or Geodon IM 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, Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv, Nuplazid, or Geodon IM 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)
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	any generic formulary atypical antipsychotic is contraindicated.
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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.

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 in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with Vancomycin, OR (2) history of adverse event with Vancomycin, OR (3) Vancomycin is contraindicated.
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GASTROINTESTINAL

Products Affected

Step 2:

- Movantik TABLET 12.5 MG ORAL
- Movantik TABLET 25 MG ORAL
- Relistor SOLUTION 12 MG/0.6ML Subcutaneous
- Relistor SOLUTION 12 MG/0.6ML Subcutaneous (0.6ML SYRINGE)
- Relistor SOLUTION 8 MG/0.4ML Subcutaneous

Details

Criteria
Claim will pay automatically for Relistor or Movantik if enrollee has a paid claim for at least a 1 days supply of amitiza in the past 365 days. Otherwise, Relistor or Movantik requires a step therapy exception request indicating: (1) history of inadequate treatment response with amitiza, OR (2) history of adverse event with amitiza, OR (3) amitiza is contraindicated. For the treatment of opiate agonist-induced constipation (OIC) in patients with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care, Relistor will be approved.

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.

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.

PPI

Products Affected

Step 2:

- Dexilant CAPSULE DELAYED RELEASE 30 MG ORAL
- Dexilant CAPSULE DELAYED RELEASE 60 MG ORAL
- Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral
- Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral
- Esomeprazole Sodium Solution Reconstituted 20 MG Intravenous
- Esomeprazole Sodium Solution Reconstituted 40 MG Intravenous
- Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral

Details

Criteria	Claim will pay automatically for Dexilant OR Esomeprazole if enrollee has a paid claim for at least a 1 days supply of any 1 of the following: 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: omeprazole (Rx), lansoprazole (Rx), or pantoprazole OR (2) history of adverse event with any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole, OR (3) any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole are contraindicated.
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PRADAXA

Products Affected

Step 2:

- Pradaxa CAPSULE 110 MG Oral
- Pradaxa CAPSULE 150 MG Oral
- Pradaxa CAPSULE 75 MG Oral

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR Pradaxa IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF Xarelto or Eliquis IN THE PAST 365 DAYS. OTHERWISE, Pradaxa REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH Xarelto or Eliquis, OR (2) HISTORY OF ADVERSE EVENT WITH Xarelto or Eliquis, OR (3) Xarelto or Eliquis IS CONTRAINDICATED.
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PROLIA

Products Affected

Step 2:

- Prolia SOLUTION 60 MG/ML
Subcutaneous

Details

Criteria
Claim will pay automatically for Prolia if enrollee has a paid claim for at least a 1 days supply of any generic formulary bisphosphonate in the past 180 days. Otherwise, Prolia requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary bisphosphonate, OR (2) history of adverse event with any generic formulary bisphosphonate, OR (3) any generic formulary bisphosphonate is contraindicated. For osteoporosis prophylaxis in men at high risk for bone fractures after receiving androgen deprivation therapy for nonmetastatic prostate cancer and in women at high risk for bone fractures after receiving adjuvant aromatase inhibitor therapy for breast cancer, Prolia will be approved.

TOPICAL AGENTS

Products Affected

Step 2:

- Condyllox GEL 0.5 % External

Details

Criteria	Claim will pay automatically for Condyllox if enrollee has a paid claim for at least a 1 days supply of Podofilox in the past 365 days. Otherwise, Condyllox 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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UCERIS

Products Affected

Step 2:

- Uceris FOAM 2 MG/ACT Rectal
- Uceris Tablet Extended Release 24 Hour 9 MG Oral

Details

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

ULORIC

Products Affected

Step 2:

- Uloric TABLET 40 MG Oral
- Uloric Tablet 80 MG Oral

Details

Criteria	Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 1 days supply of Allopurinol in the past 365 days. Otherwise, Uloric 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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XTANDI

Products Affected

Step 2:

- Xtandi CAPSULE 40 MG ORAL

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR XTANDI IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ZYTIGA IN THE PAST 365 DAYS. OTHERWISE, XTANDI REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ZYTIGA, OR (2) HISTORY OF ADVERSE EVENT WITH ZYTIGA, OR (3) ZYTIGA IS CONTRAINDICATED.
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Index of Drugs/Alphabetical Listing

A

Abilify Maintena Prefilled Syringe 300 MG Intramuscular.....	1
Abilify Maintena Prefilled Syringe 400 MG Intramuscular.....	1
Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	1
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	1

C

Celecoxib Capsule 100 MG Oral	5
Celecoxib Capsule 200 MG Oral	5
Celecoxib Capsule 400 MG Oral	5
Celecoxib Capsule 50 MG Oral	5
Condylox GEL 0.5 % External.....	13

D

Dexilant CAPSULE DELAYED RELEASE 30 MG ORAL	10
Dexilant CAPSULE DELAYED RELEASE 60 MG ORAL	10
Dificid TABLET 200 MG ORAL.....	6

E

Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral	10
Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral	10
Esomeprazole Sodium Solution Reconstituted 20 MG Intravenous ..	10
Esomeprazole Sodium Solution Reconstituted 40 MG Intravenous ..	10
Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral .	10

F

Fanapt TABLET 1 MG ORAL	3
Fanapt TABLET 10 MG ORAL	3
Fanapt TABLET 12 MG Oral.....	3
Fanapt TABLET 2 MG ORAL	3
Fanapt TABLET 4 MG ORAL	3
Fanapt TABLET 6 MG ORAL	3
Fanapt TABLET 8 MG ORAL	3

Fanapt Titration Pack TABLET 1 & 2 & 4 & 6 MG ORAL	3
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	2
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral.....	2
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral.....	2
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral.....	2
Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral.....	2
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	2

G

Geodon SOLUTION RECONSTITUTED 20 MG Intramuscular.....	3
---	---

I

Invega Sustenna SUSPENSION 117 MG/0.75ML Intramuscular.....	3
Invega Sustenna SUSPENSION 156 MG/ML Intramuscular	3
Invega Sustenna SUSPENSION 234 MG/1.5ML Intramuscular.....	3
Invega Sustenna SUSPENSION 39 MG/0.25ML Intramuscular.....	3
Invega Sustenna SUSPENSION 78 MG/0.5ML Intramuscular.....	3
Invega Trinza SUSPENSION 273 MG/0.875ML Intramuscular.....	3
Invega Trinza SUSPENSION 410 MG/1.315ML Intramuscular.....	3
Invega Trinza SUSPENSION 546 MG/1.75ML Intramuscular.....	3
Invega Trinza SUSPENSION 819 MG/2.625ML Intramuscular.....	3

L

Livalo TABLET 1 MG Oral	8
Livalo TABLET 2 MG Oral	8
Livalo TABLET 4 MG Oral	8

M

Movantik TABLET 12.5 MG ORAL	7
Movantik TABLET 25 MG ORAL	7

N
Neupro Patch 24 Hour 1 MG/24HR
Transdermal.....9
Neupro Patch 24 Hour 2 MG/24HR
Transdermal.....9
Neupro Patch 24 Hour 3 MG/24HR
Transdermal.....9
Neupro Patch 24 Hour 4 MG/24HR
Transdermal.....9
Neupro Patch 24 Hour 6 MG/24HR
Transdermal.....9
Neupro Patch 24 Hour 8 MG/24HR
Transdermal.....9
Nuplazid TABLET 17 MG ORAL3

P
Pexeva TABLET 10 MG Oral.....2
Pexeva TABLET 20 MG Oral.....2
Pexeva TABLET 30 MG Oral.....2
Pexeva TABLET 40 MG Oral.....2
Pradaxa CAPSULE 110 MG Oral.....11
Pradaxa CAPSULE 150 MG Oral.....11
Pradaxa CAPSULE 75 MG Oral.....11
Prolia SOLUTION 60 MG/ML
Subcutaneous12

R
Relistor SOLUTION 12 MG/0.6ML
Subcutaneous7
Relistor SOLUTION 12 MG/0.6ML
Subcutaneous (0.6ML SYRINGE)7
Relistor SOLUTION 8 MG/0.4ML
Subcutaneous7
RisperDAL Consta SUSPENSION
RECONSTITUTED 12.5 MG
Intramuscular3
RisperDAL Consta SUSPENSION
RECONSTITUTED 25 MG
Intramuscular3
RisperDAL Consta SUSPENSION
RECONSTITUTED 37.5 MG
Intramuscular3

RisperDAL Consta SUSPENSION
RECONSTITUTED 50 MG
Intramuscular.....3

S
Saphris TABLET SUBLINGUAL 10 MG
Sublingual3
Saphris TABLET SUBLINGUAL 2.5 MG
SUBLINGUAL3
Saphris TABLET SUBLINGUAL 5 MG
Sublingual3

T
Trintellix TABLET 10 MG ORAL.....2
Trintellix TABLET 20 MG ORAL.....2
Trintellix TABLET 5 MG ORAL.....2

U
Uceris FOAM 2 MG/ACT Rectal.....14
Uceris Tablet Extended Release 24 Hour
9 MG Oral.....14
Uloric TABLET 40 MG Oral15
Uloric Tablet 80 MG Oral.....15

V
Viibryd Starter Pack KIT 10 & 20 MG
Oral2
Viibryd TABLET 10 MG Oral2
Viibryd TABLET 20 MG Oral2
Viibryd TABLET 40 MG Oral2
Vraylar CAPSULE 1.5 MG Oral.....3
Vraylar CAPSULE 3 MG Oral3
Vraylar CAPSULE 4.5 MG Oral.....3
Vraylar CAPSULE 6 MG Oral3
Vraylar Capsule Therapy Pack 1.5 & 3
MG Oral.....3

X
Xtandi CAPSULE 40 MG ORAL.....16

Z
ZyPREXA Relprevv Suspension
Reconstituted 210 MG Intramuscular3