## **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
* 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 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
* 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 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. |

## **CONDYLOX**

### **Products Affected**

### **Step 2:**

* CONDYLOX GEL 0.5 % EXTERNAL

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Condylox if enrollee has a paid claim for at least a 1 day 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. |

## **DHE**

### **Products Affected**

### **Step 2:**

* *dihydroergotamine mesylate solution 4 mg/ml nasal*

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for DHE if enrollee has a paid claim for at least a 1 day supply of any generic formulary serotonin (5-HT) 1b/1d receptor agonist (i.e. triptan) in the past 365 days. Otherwise, DHE requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary triptan, OR (2) history of adverse event with any generic formulary triptan, OR (3) any generic formulary triptan 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 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. |

## **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 day 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

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 day supply of 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 lansoprazole, omeprazole or pantoprazole, OR (2) history of adverse event with lansoprazole, omeprazole or pantoprazole, OR (3) lansoprazole, omeprazole or pantoprazole is contraindicated. |

## **PROLIA**

### **Products Affected**

### **Step 2:**

* PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Prolia if enrollee has a paid claim for at least a 1 day supply of alendronate, Fosamax Plus D, ibandronate or risedronate in the past 365 days. Otherwise, Prolia requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary bisphosphonate, OR (2) history of adverse event with any formulary bisphosphonate, OR (3) any 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. |

## **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. |

## **SGLT2**

### **Products Affected**

### **Step 2:**

* INVOKAMET TABLET 150-1000 MG ORAL
* INVOKAMET TABLET 150-500 MG ORAL
* INVOKAMET TABLET 50-1000 MG ORAL
* INVOKAMET TABLET 50-500 MG ORAL
* INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
* INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
* INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
* INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
* INVOKANA TABLET 100 MG ORAL
* INVOKANA TABLET 300 MG ORAL
* JARDIANCE TABLET 10 MG ORAL
* JARDIANCE TABLET 25 MG ORAL
* SYNJARDY TABLET 12.5-1000 MG ORAL
* SYNJARDY TABLET 12.5-500 MG ORAL
* SYNJARDY TABLET 5-1000 MG ORAL
* SYNJARDY TABLET 5-500 MG ORAL
* SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL
* SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL
* SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL
* SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Invokana, Invokamet IR/XR, Jardiance or Synjardy IR/XR if enrollee has a paid claim for at least a 1 day supply of generic metformin or a combination generic metformin product in the past 365 days. Otherwise, Invokana, Invokamet IR/XR, Jardiance or Synjardy IR/XR requires a step therapy exception request indicating: (1) history of inadequate treatment response with generic metformin or a combination generic metformin product, OR (2) history of adverse event with generic metformin or a combination generic metformin product, OR (3) generic metformin or a combination generic metformin product is contraindicated. |

## **TOPICAL ANTI-INFLAMMATORY**

### **Products Affected**

### **Step 2:**

* EUCRISA OINTMENT 2 % EXTERNAL
* *pimecrolimus cream 1 % external*
* *tacrolimus ointment 0.03 % external*
* *tacrolimus ointment 0.1 % external*

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Eucrisa, pimecrolimus or tacrolimus external if enrollee has a paid claim for at least a 1 day supply of any formulary topical corticosteroid in the past 365 days. Otherwise, Eucrisa, pimecrolimus or tacrolimus external requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary topical corticosteroid, OR (2) history of adverse event with any formulary topical corticosteroid, OR (3) any formulary topical corticosteroid is contraindicated. |

## **UCERIS**

### **Products Affected**

### **Step 2:**

* *budesonide er tablet extended release 24 hour 9 mg oral*
* UCERIS FOAM 2 MG/ACT RECTAL

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Budesonide ER 9mg or Uceris Rectal Foam if enrollee has a paid claim for at least a 1 day supply of any formulary corticosteroid used to treat ulcerative colitis in the past 365 days. Otherwise, Budesonide ER 9mg or Uceris Rectal Foam 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. |

## **ZYFLO**

### **Products Affected**

### **Step 2:**

* *zileuton er tablet extended release 12 hour 600 mg oral*
* ZYFLO TABLET 600 MG ORAL

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Zyflo CR or zileuton if enrollee has a paid claim for at least a 1 day supply of montelukast or zafirlukast in the past 365 days. Otherwise, Zyflo CR or zileuton require a step therapy exception request indicating: (1) history of inadequate treatment response with montelukast or zafirlukast, OR (2) history of adverse event with montelukast or zafirlukast, OR (3) montelukast or zafirlukast is contraindicated. |

**Alphabetical Listing**

A

ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR 1, 5

ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR 1, 5

ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR 1, 5

ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR 1, 5

ABILIFY MYCITE TABLET 10 MG ORAL 1, 5

ABILIFY MYCITE TABLET 15 MG ORAL 1, 5

ABILIFY MYCITE TABLET 2 MG ORAL 1, 5

ABILIFY MYCITE TABLET 20 MG ORAL 1, 5

ABILIFY MYCITE TABLET 30 MG ORAL 1, 5

ABILIFY MYCITE TABLET 5 MG ORAL 1, 5

B

budesonide er tablet extended release 24 hour 9 mg oral 26

C

CONDYLOX GEL 0.5 % EXTERNAL 12

D

DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL 17

DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL 17

DIFICID TABLET 200 MG ORAL 14

dihydroergotamine mesylate solution 4 mg/ml nasal 13

E

EUCRISA OINTMENT 2 % EXTERNAL 25

F

FANAPT TABLET 1 MG ORAL 1, 5

FANAPT TABLET 10 MG ORAL 1, 5

FANAPT TABLET 12 MG ORAL 1, 5

FANAPT TABLET 2 MG ORAL 1, 5

FANAPT TABLET 4 MG ORAL 1, 5

FANAPT TABLET 6 MG ORAL 1, 5

FANAPT TABLET 8 MG ORAL 1, 5

FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL 1, 5

G

GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR 1, 5

I

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR 1, 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR 1, 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR 1, 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR 2, 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR 2, 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR 2, 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR 2, 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR 2, 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR 2, 5

INVOKAMET TABLET 150-1000 MG ORAL 20, 22

INVOKAMET TABLET 150-500 MG ORAL 20, 22

INVOKAMET TABLET 50-1000 MG ORAL 20, 22

INVOKAMET TABLET 50-500 MG ORAL 20, 22

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL 20, 22

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL 20, 22

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL 20, 22

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL 20, 22

INVOKANA TABLET 100 MG ORAL 20, 22

INVOKANA TABLET 300 MG ORAL 20, 22

J

JARDIANCE TABLET 10 MG ORAL 20, 22

JARDIANCE TABLET 25 MG ORAL 20, 22

L

LATUDA TABLET 120 MG ORAL 2, 5

LATUDA TABLET 20 MG ORAL 2, 5

LATUDA TABLET 40 MG ORAL 2, 5

LATUDA TABLET 60 MG ORAL 2, 5

LATUDA TABLET 80 MG ORAL 2, 5

N

NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL 15, 16

NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL 15, 16

NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL 15, 16

NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL 15, 16

NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL 15, 16

NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL 15, 16

NUPLAZID CAPSULE 34 MG ORAL 2, 5

NUPLAZID TABLET 10 MG ORAL 2, 5

P

PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS 2, 5

PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS 2, 5

pimecrolimus cream 1 % external 25

PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS 18

R

REXULTI TABLET 0.25 MG ORAL 2, 5

REXULTI TABLET 0.5 MG ORAL 2, 5

REXULTI TABLET 1 MG ORAL 2, 5

REXULTI TABLET 2 MG ORAL 2, 5

REXULTI TABLET 3 MG ORAL 2, 5

REXULTI TABLET 4 MG ORAL 2, 5

RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR 2, 5

RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR 2, 5

RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR 2, 5

RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR 2, 5

RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL 19

RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL 19

RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL 19

RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL 19

S

SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL 3, 5

SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL 3, 5

SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL 3, 5

SYNJARDY TABLET 12.5-1000 MG ORAL 20, 22

SYNJARDY TABLET 12.5-500 MG ORAL 20, 22

SYNJARDY TABLET 5-1000 MG ORAL 20, 22

SYNJARDY TABLET 5-500 MG ORAL 20, 22

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL 20, 22

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL 20, 22

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL 20, 22

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL 20, 22

T

tacrolimus ointment 0.03 % external 25

tacrolimus ointment 0.1 % external 25

U

UCERIS FOAM 2 MG/ACT RECTAL 26

V

VERSACLOZ SUSPENSION 50 MG/ML ORAL 3, 5

VRAYLAR CAPSULE 1.5 MG ORAL 3, 5

VRAYLAR CAPSULE 3 MG ORAL 3, 5

VRAYLAR CAPSULE 4.5 MG ORAL 3, 5

VRAYLAR CAPSULE 6 MG ORAL 3, 5

VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL 3, 5

Z

zileuton er tablet extended release 12 hour 600 mg oral 27

ZYFLO TABLET 600 MG ORAL 27

ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR 3, 5