

# ANTICONVULSANTS

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## Products Affected

### Step 2:

- Aptiom 200 mg tablet
- Aptiom 400 mg tablet
- Aptiom 600 mg tablet
- Aptiom 800 mg tablet
- Banzel 200 mg tablet
- Banzel 400 mg tablet
- Fycompa 0.5 mg/mL oral suspension
- Fycompa 10 mg tablet
- Fycompa 12 mg tablet
- Fycompa 2 mg tablet
- Fycompa 4 mg tablet
- Fycompa 6 mg tablet
- Fycompa 8 mg tablet

## Details

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

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## Products Affected

### Step 2:

- amoxapine 100 mg tablet
- amoxapine 150 mg tablet
- amoxapine 25 mg tablet
- amoxapine 50 mg tablet
- clomipramine 25 mg capsule
- clomipramine 50 mg capsule
- clomipramine 75 mg capsule
- Emsam 12 mg/24 hr transdermal 24 hour patch
- Emsam 6 mg/24 hr transdermal 24 hour patch
- Emsam 9 mg/24 hr transdermal 24 hour patch
- Marplan 10 mg tablet
- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet

## Details

<b>Criteria</b>	<p>Claim will pay automatically for MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, and TRINTELLIX if enrollee has a paid claim for at least a 1 day supply of A STEP 1 AGENT (AMITRIPTYLINE, BUPROPION, BUPROPION ER, CITALOPRAM, DESIPRAMINE, DESVENLAFAXINE, DRIZALMA, DOXEPIN, DULOXETINE, ESCITALOPRAM, FETZIMA, FLUOXETINE, FLUVOXAMINE, IMPRAMINE, MAPROTILINE, MIRTAZAPINE, MIRTAZAPINE ODT, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PAXIL SUSP, PHENELZINE, PERPHENAZINE-AMITRIPTYLINE, PROTRIPTYLINE, SERTRALINE, TRANYLCPROMINE, TRAZODONE, VENLAFAXINE, VENLAFAXINE ER, or VIIBRYD in the past 365 days. Otherwise, MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, TRINTELLIX require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP1 AGENT, OR (2) history of adverse event with STEP1 AGENT, OR (3) STEP1 AGENT is contraindicated.</p>
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# ATYPICALS

## Products Affected

### Step 2:

- clozapine 100 mg disintegrating tablet
- clozapine 100 mg tablet
- clozapine 12.5 mg disintegrating tablet
- clozapine 150 mg disintegrating tablet
- clozapine 200 mg disintegrating tablet
- clozapine 200 mg tablet
- clozapine 25 mg disintegrating tablet
- Fanapt 1 mg tablet
- Fanapt 10 mg tablet
- Fanapt 12 mg tablet
- Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack
- Fanapt 2 mg tablet
- Fanapt 4 mg tablet
- Fanapt 6 mg tablet
- Fanapt 8 mg tablet
- Geodon 20 mg/mL (final concentration) intramuscular solution
- Invega 1.5 mg tablet,extended release
- Invega 3 mg tablet,extended release
- Invega 6 mg tablet,extended release
- Invega 9 mg tablet,extended release
- Versacloz 50 mg/mL oral suspension
- Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack
- Vraylar 1.5 mg capsule
- Vraylar 3 mg capsule
- Vraylar 4.5 mg capsule
- Vraylar 6 mg capsule
- Zyprexa Relprevv 210 mg intramuscular suspension

## Details

<b>Criteria</b>	<p>Claim will pay automatically for CLOZAPINE oral tablets, INVEGA, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, CLOZAPINE ODT, GEODON INJ, VRAYLAR, or VERSACLOZ if enrollee has a paid claim for at least a 1 day supply of Latuda OR 2 GENERIC AGENTS (ARIPIRAZOLE, FLUPHENAZINE, LOXAPINE, MOLINDONE, OLANZAPINE, PALIPERIDONE, PERPHENAZINE, QUETIAPINE, RISPERIDONE, THIOTHIXENE, ZIPRASIDONE) in the past 365 days. Otherwise, Non-Preferred Antipsychotics require a step therapy exception request indicating any ONE of the following (1) diagnosis that is not covered by Latuda (i.e. Acute treatment of agitation for Geodon injection) OR 2 GENERIC AGENTS, OR (2) history of inadequate treatment response with Latuda OR 2 GENERIC AGENTS, OR (3) history of adverse event with Latuda OR 2 GENERIC AGENTS, OR (4) Latuda OR 2 GENERIC AGENTS are contraindicated.</p>
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# TOPICAL AGENTS

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## Products Affected

### Step 2:

- Eucrisa 2 % topical ointment
- pimecrolimus 1 % topical cream

## Details

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<b>Criteria</b>	Claim will pay automatically for Pimecrolimus OR EUCRISA if enrollee has paid claims history for at least 1 formulary topical steroid.
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## Index

### A

amoxapine 100 mg tablet .....	2
amoxapine 150 mg tablet .....	2
amoxapine 25 mg tablet .....	2
amoxapine 50 mg tablet .....	2
Aptiom 200 mg tablet .....	1
Aptiom 400 mg tablet .....	1
Aptiom 600 mg tablet .....	1
Aptiom 800 mg tablet .....	1

### B

Banzel 200 mg tablet .....	1
Banzel 400 mg tablet .....	1

### C

clomipramine 25 mg capsule .....	2
clomipramine 50 mg capsule .....	2
clomipramine 75 mg capsule .....	2
clozapine 100 mg disintegrating tablet .....	3
clozapine 100 mg tablet .....	3
clozapine 12.5 mg disintegrating tablet .....	3
clozapine 150 mg disintegrating tablet .....	3
clozapine 200 mg disintegrating tablet .....	3
clozapine 200 mg tablet .....	3
clozapine 25 mg disintegrating tablet .....	3

### E

Emsam 12 mg/24 hr transdermal 24 hour patch .....	2
Emsam 6 mg/24 hr transdermal 24 hour patch .....	2
Emsam 9 mg/24 hr transdermal 24 hour patch .....	2
Eucrisa 2 % topical ointment .....	4

### F

Fanapt 1 mg tablet .....	3
Fanapt 10 mg tablet .....	3
Fanapt 12 mg tablet .....	3
Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack .....	3
Fanapt 2 mg tablet .....	3

Fanapt 4 mg tablet .....	3
Fanapt 6 mg tablet .....	3
Fanapt 8 mg tablet .....	3
Fycompa 0.5 mg/mL oral suspension .....	1
Fycompa 10 mg tablet .....	1
Fycompa 12 mg tablet .....	1
Fycompa 2 mg tablet .....	1
Fycompa 4 mg tablet .....	1
Fycompa 6 mg tablet .....	1
Fycompa 8 mg tablet .....	1

### G

Geodon 20 mg/mL (final concentration) intramuscular solution .....	3
---	---

### I

Invega 1.5 mg tablet,extended release .....	3
Invega 3 mg tablet,extended release .....	3
Invega 6 mg tablet,extended release .....	3
Invega 9 mg tablet,extended release .....	3

### M

Marplan 10 mg tablet .....	2
----------------------------	---

### P

pimecrolimus 1 % topical cream .....	4
--------------------------------------	---

### T

Trintellix 10 mg tablet .....	2
Trintellix 20 mg tablet .....	2
Trintellix 5 mg tablet .....	2

### V

Versacloz 50 mg/mL oral suspension .....	3
Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack .....	3
Vraylar 1.5 mg capsule .....	3
Vraylar 3 mg capsule .....	3
Vraylar 4.5 mg capsule .....	3
Vraylar 6 mg capsule .....	3

### Z

Zyprexa Relprevv 210 mg intramuscular suspension .....	3
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